

Robert D. Reynolds School
391 West Saddle River Road
Upper Saddle River, New Jersey 07458

The Nursery, Pre-School or in-home care giver who has spent time with your child can often offer information useful to the pre-school screening committee. It would be helpful to have these experiences shared with us. Please have the appropriate person fill out the form below.

PLEASE RETURN THIS FORM BY APRIL 1st

Pre – School Experiences

Child's Name: _____ Date: _____
Pre-School: _____ Phone: _____
Teacher or Caregiver: _____
How long have you worked with this child? _____
Is the child in a full day or part day, full-week or part-week program? _____
Is the program Montessori, developmentally or academically based? _____

School Readiness Skills (social, emotional and physical development). Areas which you might address are: friendships, self-image, maturity, independence, attention span, following directions, speech articulation, expressive and receptive language, large and fine motor skills and special strengths.

Child's Growth and Development Questions which you might address are: What learning styles have you observed? (visual, auditory, kinesthetic). What approaches have you found to be most successful in working with this child? How can this child be helped most constructively? What concerns do you have?

Please specify areas which should receive special attention during screening or in determining appropriate school programming. (Articulation, language, maturity, following directions, etc.)