

Complete this form online at www.uwpickens.org/form/preschool-pages-spring-student-o



Student/Caregiver Evaluation:

Your Name _____ School _____ Your Email _____

Student Identifier _____

Please use the child's initials and birth year, ex BC2021. If two (or more) children would have the same initials/birth year, be sure to distinguish them by marking a, b, c, etc. ex BC2021a and BC2021b would be two different children. Just be sure to use the same identifier for each child for both semester outcome reports so we can match them.

Student Age: 0-12 mos, 13-23 mos, 2 yrs, 3 yrs. 4 yrs. 5+ys

Caregiver Relationship: Mother, Father, Grandmother, etc.

Did this caregiver bring more than one child? (If yes, list the student identifiers for all children connected to this caregiver)

This child also participates in: Daycare, MMO, Library Story Time

How did family hear about the program? School Flier, School Newsletter, Previously Attended, Word of Mouth, Bright By Text, Community Flier, Social Media, Other (list)

Why did the family choose to participate?

What does the family hope to get out of this program?

Sessions offered this term

Sessions this child attended this term

For children 2 and older...

Pretends to write with pictures and scribbles

Makes horizontal lines of writing scribble

Includes letter-like forms in writing

Makes some letters, prints name or initial

Holds books right-side-up, turns pages left to right

Pretends to read using pictures to tell a story

Recalls stories from books with increasing accuracy

Shows awareness that print in books tells a story

Other student observations

Teacher Observations of Caregiver- Please note any growth you observed in the caregivers for this term. For example, "The grandmother shared that she reads more to her grandchild at home than she used to." Or The mother seems more confident in helping her child do the activities."