Discoveries Preschool

Needs Assessment

Child's Teacher/Grade:_____

Today's Date:_____

Child's Name:_____

Date of Birth:_____

1. Has your child ever been evaluated through Early Intervention? _____

If yes when and what were the recommendations

_____

_____

_____

Are they currently receiving support in this area _____

If yes please let us know the name of their therapist and contact information so that we may work together with them.

_____

2. Do you have any concerns about your child's speech?_____

Has your child ever been evaluated for speech _____

If yes when and what were the recommendations

_____

_____

_____

Are they currently receiving support in this area _____

If yes please let us know the name of their therapist and contact information so that we may work together with them.

_____

3. Do you have any concerns about your child's Fine Motor or Gross Motor skills?_____

Has your child ever been evaluated for OT or PT? _____

If yes when and what were the recommendations

_____

_____

_____

Are they currently receiving support in this area _____

If yes please let us know the name of their therapist and contact information so that we may work together with them.

_____

4. Do you have any concerns about your child's Social/Emotional skills_____

Has your child ever been evaluated for Social/Emotion needs? _____

If yes when and what were the recommendations

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Are they currently receiving support in this area _____

If yes please let us know the name of their therapist and contact information so that we may work together with them.

_____

Please let us know below if there is any other information you would like your child's teacher to know as we start the school year together.

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