



Plainview-Old Bethpage Central School District

**Administrative Annex
33 Bedford Road, Plainview, NY 11803
Pupil Personnel Services**

Office: (516) 434-3020

FAX: (516) 937-6324

Dear Parent/Guardian:

If your child is in a typical preschool environment, please have their classroom teacher fill out the attached teacher report. It is important in helping us to determine the appropriate services for your child. Please do your best to have it available for us as soon as possible.

If you have any questions, you may contact Debbie Riemann at (516) 434-3028

Thank you for your cooperation.



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**Request for Time Enrolled in a Regular Early
Childhood Program Form**

My child does not attend a Regular Early Childhood Program.

or

My child does attend a Regular Early Childhood Program as indicated below:

The name of the Program(s):

My child typically attends the program(s) for the amount of time for each day indicated below:

Monday	Tuesday	Wednesday	Thursday	Friday	Total Minutes For The week

Student Name: _____

Student Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____



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Preschool Questionnaire

1. Please enter the following class information.

<u>Size of Class</u>	<u>Age Range</u>	<u>Student-Teacher Ratio</u>	<u>How many Children</u>	<u>How many Staff Members</u>

2. Daily routine/schedule, activity/length of activity.
3. How is transition from one activity to the next accomplished?
4. How are directions provided to the children?
5. Describe instructional modifications used in the classroom to meet individual learning needs.
6. Describe behavioral strategies used in the classroom to meet the individual needs of each child.
7. What is the role of your teacher assistants?

Pre-School Director Signature

Date

Parent Signature

Date



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**COMMITTEE ON PRESCHOOL
SPECIAL EDUCATION**

106 Washington Avenue, Plainview, NY 11803

NURSERY SCHOOL TEACHER'S REPORT TO THE CPSE/CSE

Student Name: _____ DOB: _____ Date: _____

School: _____ Teacher: _____

PLEASE DESCRIBE THE CHILD'S CLASSROOM PERFORMANCE IN THE FOLLOWING AREAS (INCLUDING TEST/AGESCORES WHERE APPLICABLE)

ACADEMICS:

Readiness:

Fine Motor:

Language: Receptive:



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Language: Expressive:

Speech (Intelligibility):

Other:

Name: _____ **DOB:** _____ **Date:** _____

SOCIAL DEVELOPMENT (include peer & teacher relations)

PHYSICAL DEVELOPMENT

Gross Motor:



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Health:

LEARNING STYLE

STUDENT CLASSROOM BEHAVIOR

Following Directions:

Attending to Activities:

Self-control:



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Participation in-group activities:

Works and plays with others:

Name: _____ **DOB:** _____ **Date:** _____

Relates to adults:

Relates to peers:

Reactions to change in routine:



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Attitude toward school:

STUDENT STRENGTHS:

STUDENT WEAKNESSES:
