



PRESCHOOL READINESS PEDIATRICIAN ASSESSMENT FORM

For children aged 2–3 years, who will turn 3 by September of the academic year of entry.

Purpose of this form This form is intended to support Providence Elementary School in determining a child's developmental readiness for entry into Preschool. It should be completed by the child's pediatrician following a medical and developmental review. This is not a diagnostic document, but a professional readiness screening.

Student Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Age at Assessment	<input type="text"/>
Parent/Guardian Name	<input type="text"/>		
Contact Number:	<input type="text"/>	Email:	<input type="text"/>

Developmental Domains

Please indicate whether the child demonstrates skills that are age-appropriate, emerging, or of concern.

1. Physical and Motor Development

Age Appropriate Emerging Concern

Gross motor skills (running, jumping, climbing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor skills (grasping, drawing, manipulating small objects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General coordination and balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

2. Speech and Language Development

Age Appropriate Emerging Concern

Uses words/phrases to communicate needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands simple instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary size is appropriate for age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech is generally intelligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

3. Cognitive and Learning Readiness

Age Appropriate Emerging Concern

Attention to tasks/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving/play skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity and engagement with environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments



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4. Social and Emotional Development

Age
Appropriate Emerging Concern

Separation from caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to routines and structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

5. Self Help and Independence Skills

Age
Appropriate Emerging Concern

Feeding self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following basic routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

- Child appears **developmentally ready** to begin Preschool in September of the academic year of entry.
- Child may benefit from **additional support** upon entry.
- Child may benefit from **further developmental monitoring** prior to school entry.

Additional recommendations (if any)

Pediatrician Declaration

I confirm that I have assessed the above-named child and completed this form to the best of my professional knowledge.

Pediatrician Name

Clinic Name

Contact Number

Email

Signature

Date

Official Stamp (Required):
