

Rainbow Corner

Intake Evaluation for the Threes



Name: _____ Date: _____

Birthday: _____ Gender: _____

Primary language spoken at home: _____

Check One: pullups _____ potty trained _____

	Consistently	Sometimes	Not Yet
<u>Motor Development</u>			
Pedals a small tricycle			
Jumps up & down in place			
Climbs			
Walks up & down stairs unassisted, using alternate feet			
Builds a tower of 8 or more blocks			
Manipulates large buttons and zippers on clothing			
Washes & dries hands			
Needs minimal assistance eating			
Uses a fork & spoon with little spilling			
Shows control of crayons or markers			
Holds crayon or marker between first 2 fingers and thumb (tripod grasp)			
Can turn pages of a book one at a time			
Cuts with scissors			
<u>Cognitive Development</u>			
Listens attentively to age-appropriate stories			
Speech is understandable most of the time			
Knows how to count to 10			
Knows how to name 6 colors			
Answers questions dealing with familiar objects & events			
<u>Language Development</u>			
Follows 2-step directions			
Names familiar objects			
Uses pronouns appropriately			
Knows name & age			
Has conversations using 2-3 sentences			
<u>Social and Emotional Development</u>			
Seems to understand taking turns, but not always willing to do so			
Is eager to please			
Uses objects symbolically in play (ex: block of wood may be a truck)			
Engages in make-believe play alone & with other children			
Makes eye contact			

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