**PLEASE HAND THIS STATEMENT FORM TO YOUR CHILD’S PRESCHOOL/CHILDCARE TEACHER FOR COMPLETION.**

**Dear Preschool/Childcare Teacher, please complete this statement for the child below, and return it directly to myriam.nouveau@ed.act.edu.au . Thank you for your kind support.**

**CHILD’S NAME: ………………………………………………………………………….**

**DATE OF BIRTH : ………………………………..**

**NAME OF PRESCHOOL/CHILDCARE CENTRE: ……………………………………………………………………………………………**

**NAME OF TEACHER who completed this form: ……………………………………………………………………………………………**

**How long has the child been at this preschool? ……………………………………….**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Skills***  | Challenging | Developing | Achieved |
| * **Social/emotional**

*(include: cope with change in routine, play cooperatively with others, be patient and wait for their turn, express needs without aggression, cooperate with adults and other children, behave in a socially acceptable manner, i.e. respect the needs of others, leave parents/carers readily)* |  |  |  |
| * **Academic**

*(include: focus on a task, understand and follow instructions, show an interest in learning)* |  |  |  |
| * **Level of independence/self-care**

*(include: recognise and look after their personal belongings, ask to go the toilet and cope with the toilet independently)* |  |  |  |

 Any further information?

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