

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 Teloapeapark.enrolments@ed.act.edu.au. Thank you for your kind support.

CHILD'S NAME:

DATE OF BIRTH :

NAME OF PRESCHOOL/CHILDCARE CENTRE:

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NAME OF TEACHER who completed this form:

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How long has the child been at this preschool?

<u>Skills</u>	Challenging	Developing	Achieved
<ul style="list-style-type: none"> 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) 			
<ul style="list-style-type: none"> Academic (include: focus on a task, understand and follow instructions, show an interest in learning) 			
<ul style="list-style-type: none"> 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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