



## OBSERVATION OF PREKINDERGARTEN STUDENT BEHAVIORS

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Observer \_\_\_\_\_ School \_\_\_\_\_

*To be completed by child's teacher(s) and/or therapist(s).* Please check the behaviors that occur more frequently than is typical for same-age peers. If no concerns, check the box marked age appropriate.

### 1. Attending Behaviors

- ☐ Easily distracted
- ☐ Has short attention span
- ☐ Impulsive
- ☐ Needs help from adult to stay on task
- ☐ Needs excessive attention from teacher
- ☐ Acts upset by a change in plans
- ☐ Over-active/hyperactive
- ☐ Has difficulty remembering things
- ☐ Appears to daydream
- ☐ Age appropriate

### 2. Disruptive Behaviors

- ☐ Argumentative
- ☐ Physically aggressive
- ☐ Demonstrates self-injurious behavior
- ☐ Verbally abusive
- ☐ Bullies peers
- ☐ Age appropriate

### 3. Indicators of Anxiety/Sadness

- ☐ Withdrawn
- ☐ Anxious/nervous
- ☐ Seems unhappy
- ☐ Becomes ill when upset or frustrated
- ☐ Easily overwhelmed
- ☐ Cries easily/inappropriately
- ☐ Exhibits inappropriate mood changes
- ☐ Age appropriate

### 4. Language / Speech

- ☐ Has difficulty understanding instructions or directions
- ☐ Has difficulty naming people or objects
- ☐ Has difficulty speaking in sentences
- ☐ Has difficulty staying on topic
- ☐ Speech is difficult to understand
- ☐ Frequently stutters
- ☐ Voice is hoarse; raspy or nasal
- ☐ Age appropriate

### 5. Social / Emotional

- ☐ Has difficulty with self-control when frustrated
- ☐ Has difficulty sharing with other children
- ☐ Exhibits repetitive behaviors
- ☐ Displays unusual reactions to sensory stimulation
- ☐ Has difficulty joining in peer group play
- ☐ Avoids interactions with other children
- ☐ Has temper tantrums
- ☐ Has difficulty taking turns
- ☐ Lacks imaginative play
- ☐ Age appropriate

**6. Gross and Fine Motor Skills**

- ☐ Has unsteady gait
- ☐ Appears clumsy or uncoordinated
- ☐ Has difficulty using a pencil or crayon
- ☐ Frequently drops, spills or knocks things over
- ☐ Age appropriate

**7. Adaptive / Self-Help Skills**

- ☐ Has frequent toileting accidents
- ☐ Needs assistance washing and drying hands
- ☐ Needs assistance with eating
- ☐ Age appropriate

Comments / Concerns:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

After completion, please mail to:

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