# **Cara’s Checklist of Priorities and Concerns**

This checklist is designed to help preschool teachers understand children’s needs by describing children’s typical performance in everyday classroom activities and routines. When completing the checklist, include input from teaching assistants, aides, and the director, if applicable.

**Date:** \_\_\_\_\_\_\_\_\_\_\_ **Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Facility Name and Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name(s) and position(s) of staff (e.g., lead teacher, aide) filling out questionnaire:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your facility participate in the State Quality Improvement System? \_\_\_ Yes \_\_\_ No

Does the child of concern receive early intervention services? \_\_\_ Yes \_\_\_ No

If yes, does the classroom teaching staff consult with the early intervention team on a regular basis? \_\_\_ Yes \_\_\_ No

## **Checklist Instructions**

1. Rate the child’s ability to participate in the daily routines and activities by looking at the general expectations for the classroom. For example, during arrival and departure, does the child exceed, meet, occasionally meet, or not meet the expectations for the classroom?
2. Rate your level (and/or that of the entire staff) of satisfaction with the child’s performance in each routine or activity. For example, are you very satisfied, satisfied, somewhat satisfied, or not satisfied with the child’s performance? Note: Each early childhood program has different priorities, and some situations may be considered more important than others. Therefore, it is possible to be satisfied with performance that does not meet or occasionally meets the expectations of the classroom.
3. Circle the routines/activities that do not meet your expectations and with which you are not satisfied.
4. On the last page of the checklist, describe the strategies you and/or your classroom staff have tried to improve the routine or activity or to promote the child’s participation in the routine or activity.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Exceeds classroom expectations** | **Meets classroom expectations** | **Occasionally meets classroom expectations** | **Does not meet expectations** |  | **Very Satisfied** | **Satisfied** | **Somewhat Satisfied** | **Not Satisfied** |
| Language and Literacy Activities |  |  |  |  |  |  |  |  |  |
| Group Meeting/  Circle |  |  |  |  |  |  |  |  |  |
| Table Top Activities (manipula-tives, puzzles, pre-writing) |  |  |  |  |  |  |  |  |  |
| Small Group Play (sand & water, dramatic play, block play, etc.) |  |  |  |  |  |  |  |  |  |
| Active Learning and Movement Activities |  |  |  |  |  |  |  |  |  |
| Routine Transitions Between Activities |  |  |  |  |  |  |  |  |  |
| Arrival & Departure |  |  |  |  |  |  |  |  |  |
| Community Outings (e.g., daily outdoor walks, trips in the community) |  |  |  |  |  |  |  |  |  |
| Socializing (e.g. interacting with peers and adults) |  |  |  |  |  |  |  |  |  |
| Communicat-ing  (with peers and adults) |  |  |  |  |  |  |  |  |  |
| Getting Around (classroom, school, and community) |  |  |  |  |  |  |  |  |  |
| Using Hands and Arms for Functional Tasks (e.g., use of utensils, tools) |  |  |  |  |  |  |  |  |  |
| Following Directions |  |  |  |  |  |  |  |  |  |
| **Use blanks to add routines or activities specific to your classroom** |  |  |  |  |  |  |  |  |  |
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Once you have completed the checklist, circle the routines/activities that do not meet your expectations and with which you are not satisfied.

We have tried the following strategies to improve the routine/activity or to promote the child’s participation in the routine or activity (list below):