

Connecticut Preschool Assessment Framework

Child Record

Child's Name: _____ Date of Birth: _____/_____/_____
Teacher(s): _____
Program: _____ Phone: _____
Address of Program: _____
Dates child attended program: From: (m)____/(y)_____ to: (m)____/(y)_____
Dates form completed: **Time.1**(m)____/(y)_____ **Time.2**(m)____/(y)_____ **Time.3**(m)____/(y)_____

Child's Spoken Language

Child's Dominant Language is: _____

Child speaks dominant language clearly:

- Occasionally
- Sometimes
- Mostly

Child understands dominant language:

- Occasionally
- Sometimes
- Mostly

For children whose dominant language is not English also complete the following:

Child speaks English clearly:

- Occasionally
- Sometimes
- Mostly

Child understands English:

- Occasionally
- Sometimes
- Mostly

Home Language Information

Is a language other than English spoken at home? (circle one) **YES** **NO**

- If yes... A. What language? _____
- B. What is the primary language **SPOKEN TO** the child at home? _____
- C. What language does the **CHILD** use at home? (Please check one line below)
- Only English
 - Mostly English and sometimes _____
 - Mostly _____ and sometimes English
 - Only** _____

Adjustment to Program/Relationships with Adults