

DRDP (2015) Preschool Checklist by Measure

Child's Name: _____

Collection Period: _____

<i>Please date checklist for each category:</i> <input checked="" type="checkbox"/>	Exploring Later	Building Earlier	Building Middle	Building Later	Integration
PD-HLTH 1: Perceptual-Motor Skills and Movement Concepts <input checked="" type="checkbox"/> <i>Date each one</i>	Follows safety rules with guidance <input type="checkbox"/> _____	Asks for adult help for safety purposes <input type="checkbox"/> _____	Waits in line for turn <input type="checkbox"/> _____	Stay behind marked boundaries <input type="checkbox"/> _____	Communicates classroom safety rules <input type="checkbox"/> _____
PD-HLTH 2: Gross Locomotor Movement Skills <input checked="" type="checkbox"/> <i>Date each one</i>	Gets up from ground/floor on own <input type="checkbox"/> _____	See ESI (hops) <input type="checkbox"/> _____	Walks on Balance Beam <input type="checkbox"/> _____	Hops on 1 foot <input type="checkbox"/> _____	Changes direction while running <input type="checkbox"/> _____
PD-HLTH 3: Gross Motor Manipulative Skills <input checked="" type="checkbox"/> <i>Date each one</i>	Raises arm to throw object <input type="checkbox"/> _____	Kicks a ball <input type="checkbox"/> _____	Uses 2 or more movements to complete task (runs up to ball and kicks it) <input type="checkbox"/> _____	Hops on 1 foot <input type="checkbox"/> _____	Changes direction while running <input type="checkbox"/> _____
PD-HLTH 4: Fine Motor Manipulative Skills <input checked="" type="checkbox"/> <i>Date each one</i>	Uses cup to drink <input type="checkbox"/> _____	Scoops sand with scoop to container <input type="checkbox"/> _____	Strings large beads <input type="checkbox"/> _____	Takes cap off marker <input type="checkbox"/> _____	Strings small beads <input type="checkbox"/> _____

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PD-HLTH 5: Safety <input checked="" type="checkbox"/> <i>Date each one</i>	Follows safety rules with guidance <input type="checkbox"/> _____	Asks for adult help for safety purposes <input type="checkbox"/> _____	Waits in line for turn <input type="checkbox"/> _____	Stay behind marked boundaries <input type="checkbox"/> _____	Communicates classroom safety rules <input type="checkbox"/> _____
PD-HLTH 6: Personal Care: Hygiene <input checked="" type="checkbox"/> <i>Date each one</i>	Communicate need for bathroom trip <input type="checkbox"/> _____	Uses toilet with assistance <input type="checkbox"/> _____	Uses toilet and flushes <input type="checkbox"/> _____	Uses toilet following all steps without reminders <input type="checkbox"/> _____	Completes all toileting steps on own <input type="checkbox"/> _____
PD-HLTH 7: Personal Care: Feeding <input checked="" type="checkbox"/> <i>Date each one</i>	Drinks from cup <input type="checkbox"/> _____	Uses fork <input type="checkbox"/> _____		Stay behind marked boundaries <input type="checkbox"/> _____	Spread item on bread <input type="checkbox"/> _____
PD-HLTH 8: Personal Care: Dressing <input checked="" type="checkbox"/> <i>Date each one</i>	Gets dressed with assistance <input type="checkbox"/> _____	Put on jacket with some assistance <input type="checkbox"/> _____		Puts on socks and shoes (not tying) <input type="checkbox"/> _____	Buttons jacket or zip and snaps pants. <input type="checkbox"/> _____

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PD-HLTH 9: Active Physical Play <input checked="" type="checkbox"/> <i>Date each one</i>	See ESI (hops) <input type="checkbox"/> _____	Joins in dancing <input type="checkbox"/> _____	Rides on bike trail <input type="checkbox"/> _____	Rides bike fast on trail <input type="checkbox"/> _____	Initiates physical activities with peers <input type="checkbox"/> _____
PD-HLTH 10: Nutrition <input checked="" type="checkbox"/> <i>Date each one</i>	Shows interest in a variety of foods <input type="checkbox"/> _____	Recognizes or identifies a variety of foods <input type="checkbox"/> _____	Demonstrates knowledge of the characteristics of a variety of foods <input type="checkbox"/> _____	Shows awareness that some foods are more healthful than others <input type="checkbox"/> _____	Communicates simple explanations about the healthfulness of different food choices <input type="checkbox"/> _____