



Raymond Central Public Schools

Agnew • Ceresco • Davey • Raymond • Valparaiso

Preschool/Daycare Provider Information

Child's Name: _____

Date of Birth: _____

This form is to be completed by an individual, other than a family member, who has worked with or knows the child in learning situations (e.g., preschool, daycare, etc.). Please provide a summary of information related to this child's learning and development in the following areas: social/emotional skills, motor skills, self-help skills, language, learning and academic readiness skills.

Language Skills

Learning and Academic Readiness Skills

Social/Emotional Skills

Motor and Self-Help Skills

Signature: _____

Date: _____

Relationship to Child: _____

Please return this form to the parent or school district at the following address: Raymond Central Public Schools
1800 W. Agnew Road
Raymond, NE 68428

(School Use Only) Date Request Received: _____