



**MIAMI-DADE COUNTY PUBLIC SCHOOLS**  
**DIVISION OF SPECIAL EDUCATION**  
**Prekindergarten Program for Children with Disabilities**

**PREKINDERGARTEN TECHNICAL ASSISTANCE RECORD**

School \_\_\_\_\_

Date \_\_\_\_\_

Teaching Team \_\_\_\_\_

Pre-K Staff Member \_\_\_\_\_

1. Observation/Component:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Learning environment    | <input type="checkbox"/> Outside                        | <input type="checkbox"/> Key note documentation |
| <input type="checkbox"/> Daily routine           | <input type="checkbox"/> Transitions                    | <input type="checkbox"/> Lesson plans           |
| <input type="checkbox"/> Greeting/Morning circle | <input type="checkbox"/> Adult/adult                    | <input type="checkbox"/> Technology             |
| <input type="checkbox"/> Plan/Do/Review          | <input type="checkbox"/> Adult/child                    | <input type="checkbox"/> Parent involvement     |
| <input type="checkbox"/> Large group             | <input type="checkbox"/> Discipline/Behavior management | <input type="checkbox"/> Child _____            |
| <input type="checkbox"/> Small group             | <input type="checkbox"/> Assessment                     | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Communication           |   |   |

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Meeting:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Teacher/Paraprofessional | <input type="checkbox"/> Parent                | <input type="checkbox"/> Registrar/Data input |
| <input type="checkbox"/> Administrator            | <input type="checkbox"/> Networking            | <input type="checkbox"/> Transportation       |
| <input type="checkbox"/> School staff             | <input type="checkbox"/> Workshop              | <input type="checkbox"/> Needs assessment     |
| <input type="checkbox"/> Program                  | <input type="checkbox"/> Observation follow-up | <input type="checkbox"/> Materials/Equipment  |

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.  Check records

4.  Delivery/pick-up

5.  Resource materials

6.  Comments/Recommendations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next visit: \_\_\_\_\_

TO

FROM

Teaching Team: \_\_\_\_\_

School: \_\_\_\_\_

Subject: \_\_\_\_\_

**PREKINDERGARTEN PROGRAM FOR  
CHILDREN WITH DISABILITIES  
Division of Special Education  
Miami-Dade County Public Schools**

Staff Member: \_\_\_\_\_

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Signed