PRESCHOOL/KINDERGARTEN QUESTIONNAIRE

Child's name:			Birth date:					
Parent/Guardian:								
To the teacher: Your careful child's needs, is greatly appre	=	- · · · · · · · · · · · · · · · · · · ·	which will help us to assess this					
Name of preschool/kindergarten:		Contact name:						
Address:		City/province:	Postal code:					
Phone:	F	Fax:						
Type of program								
Nursery school/presch	ool	Half-day	Regular					
Kindergarten		Full-day	Special needs					
Please list any specific question	ons or concer	ns for which you would	d like help:					
What are the child's greatest s	strengths?							
What are the child's weakness	ses or difficulti	es?						

Describe the child's le	earning style	e (activity le	vel, organiz	ational	skills,	impulsiveness, etc.):	
Describe the child's b	ehaviour:						
Describe the child's p	eer relations	ships and s	ocial intera	ction s	kills:		
Which of the following	g resources	are availab	le to your s	chool?			
Professional		Consulta	nt or agency		Is this child currently involved?		
Special education teac	her						
Special education assis							
Special education prog	ram						
Speech-language thera	ару						
Physiotherapy							
Occupational therapy							
Psychologist							
Community health nurs	se .						
Social worker							
Other (specify)							
Please assess the child	Major	Minor	No	Cann		Comments	
	concern	concern	concern	judge	•		
Gross motor skills							
Posture							
Awkward gait							
Frequently falls							
Easily fatigued							
Tip-toe walking							

Skill set	Major concern	Minor concern	No concern	Cannot judge	Comments		
Gross motor skills (cont'd)							
Ball skills							
Playground skills							
Playground safety							
Coordination							
Other (specify)							
Fine motor skills							
Crayon/pencil skills							
Use of scissors							
Easily fatigued when							
printing							
Hand dominance							
(switching hands)							
Puzzle skills							
Other (specify)							
Self-help skills							
Undressing self							
Dressing self							
Use of zippers/buttons							
Feeding self							
Washing hands/face							
Helping clean up							
Toileting routines							
Toileting accidents/							
soiling							
Other (specify)							
Social skills		1	'	1			
Interest in peers							
Initiation of interactions							
with peers							
Social responses to							
peers							
Group play with peers							
Imaginative play							
Solitary play							
Repetitive motor							
movements or							
behaviours (spinning,							
flapping, tics)							
Ability to share							
Turn-taking							

Skill set	Major concern	Minor concern	No concern	Cannot judge	Comments	
Offering comfort						
Compliance with rules						
and limits						
Adjustment to new or						
changed routines						
Behaviour						
Attention span						
Impulsivity						
Hyperactivity or motor						
restlessness						
Physical aggression						
Destructive tendencies						
Temper tantrums						
Breath-holding spells						
Unusual fears						
Obsessive interests/						
topics						
Ritual behaviours						
Phobias						
Somatic complaints						
(stomach aches,						
headaches, pains)						
Difficult temperament/						
moods						
Other (specify)						
Receptive language ski	lls					
Following 1-step						
instructions						
Following 2-step						
instructions						
Listening in a group						
Listening to stories						
Listening to rhymes and						
tunes						
Other (specify)						
Expressive language						
Pronunciation						
Speaking in phrases/						
sentences						
Taking turns in						
conversation						

Skill set	Major	Minor	No	Cannot	Comments		
	concern	concern	concern	judge			
Expressive language (cont'd)							
Effective verbal							
communication							
Stuttering							
Other (specify)							
Academic readiness ski	ills						
Knowledge of sizes/ shapes							
Knowledge of colours							
Letter recognition							
Number recognition							
Rote count 1 to 10							
Knowledge of number							
concepts							
Ability to read and print							
first name							
Other (specify)							
Has there been a deteri No □ Yes □ (specify:)		-			uired skills in the past year?		
General comments:							
Name of person filling out this form: Title: Title:							
Signature:							
oignature:				Da	ate:		

Please attach copies of the child's latest assessment or progress reports and include any other information that might help in assessment of this child.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.