

## PRESCHOOL/KINDERGARTEN QUESTIONNAIRE

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**To the teacher: Your careful completion of this questionnaire, which will help us to assess this child's needs, is greatly appreciated. Please return to:** \_\_\_\_\_

Name of preschool/kindergarten: \_\_\_\_\_ Contact name: \_\_\_\_\_

Address: \_\_\_\_\_ City/province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Type of program

<input type="checkbox"/>	Nursery school/preschool	<input type="checkbox"/>	Half-day	<input type="checkbox"/>	Regular
<input type="checkbox"/>	Kindergarten	<input type="checkbox"/>	Full-day	<input type="checkbox"/>	Special needs

Date child was enrolled: \_\_\_\_\_ Who initiated this referral? \_\_\_\_\_

**Please list any specific questions or concerns for which you would like help:**

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**What are the child's greatest strengths?**

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**What are the child's weaknesses or difficulties?**

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**Describe the child's learning style (activity level, organizational skills, impulsiveness, etc.):**

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**Describe the child's behaviour:**

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**Describe the child's peer relationships and social interaction skills:**

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**Which of the following resources are available to your school?**

Professional	Consultant or agency	Is this child currently involved?
Special education teacher		
Special education assistant/aide		
Special education program		
Speech-language therapy		
Physiotherapy		
Occupational therapy		
Psychologist		
Community health nurse		
Social worker		
Other (specify)		

**Please assess the child in the following areas:**

Skill set	Major concern	Minor concern	No concern	Cannot judge	Comments
<b>Gross motor skills</b>					
Posture					
Awkward gait					
Frequently falls					
Easily fatigued					
Tip-toe walking					

Skill set	Major concern	Minor concern	No concern	Cannot judge	Comments
<b>Gross motor skills (cont'd)</b>					
Ball skills					
Playground skills					
Playground safety					
Coordination					
Other (specify)					
<b>Fine motor skills</b>					
Crayon/pencil skills					
Use of scissors					
Easily fatigued when printing					
Hand dominance (switching hands)					
Puzzle skills					
Other (specify)					
<b>Self-help skills</b>					
Undressing self					
Dressing self					
Use of zippers/buttons					
Feeding self					
Washing hands/face					
Helping clean up					
Toileting routines					
Toileting accidents/soiling					
Other (specify)					
<b>Social skills</b>					
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					
<b>Behaviour</b>					
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)					
<b>Receptive language skills</b>					
Following 1-step instructions					
Following 2-step instructions					
Listening in a group					
Listening to stories					
Listening to rhymes and tunes					
Other (specify)					
<b>Expressive language</b>					
Pronunciation					
Speaking in phrases/ sentences					
Taking turns in conversation					

Skill set	Major concern	Minor concern	No concern	Cannot judge	Comments
<b><i>Expressive language (cont'd)</i></b>					
Effective verbal communication					
Stuttering					
Other (specify)					
<b><i>Academic readiness skills</i></b>					
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 deterioration, loss, or plateauing of previously acquired skills in the past year?**

No  Yes  (specify:) \_\_\_\_\_

**General comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person filling out this form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.**

