

## QUESTIONNAIRE FOR Pre-K 3 and 4 year olds

Please take a few minutes to answer both sides of this questionnaire. This will help me get to know your child better. Please return this at The Back to School meeting. Thank you!

Child's name \_\_\_\_\_ (as you want him/her called at school)

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Language your child speaks \_\_\_\_\_

Language your child understands \_\_\_\_\_

Please list the names and ages of your child's brothers and sisters.

Has your child had playgroup experience?

Is this your child's first experience in a school setting? If no, then where and when?

Does your child have any difficulty with speech?

List your child's special interests.

Is your child afraid of anything?

What responsibilities does your child have at home?

What form of discipline do you use at home?

Is your child (circle one) right or left handed?

Check the skills your child has acquired:

- \_\_\_\_\_ Can say full name
- \_\_\_\_\_ Can print first name
- \_\_\_\_\_ Knows birthday
- \_\_\_\_\_ Knows address
- \_\_\_\_\_ Knows phone number
- \_\_\_\_\_ Recognizes capital letters
- \_\_\_\_\_ Recognizes lower-case letters
- \_\_\_\_\_ Recognizes numbers to 10
- \_\_\_\_\_ Counts to.....(how far)
- \_\_\_\_\_ Knows colors
- \_\_\_\_\_ Can hold a pencil
- \_\_\_\_\_ Has experience with crayons
- \_\_\_\_\_ Has experience with scissors
- \_\_\_\_\_ Has experience with gluing
- \_\_\_\_\_ Likes to listen to stories
- \_\_\_\_\_ Can tie shoes
- \_\_\_\_\_ Can zip own clothing
- \_\_\_\_\_ Can button own clothing

CONTINUED ON BACK

**What are your expectations for the Early Childhood Connections program? What specific things would you like to see happen this year?**

**Are there any changes in your family this year that you think would be helpful for me to know about?**

**Is there anything you'd like to share about your child's health development, social development, speech or language development, which would help me understand your child?**

**Has your child received any services from ECI, CCISD, or any private practice? Yes\_\_\_ No\_\_\_**

**If yes: Who and when**

**If yes: Please submit additional written documentation of services provided and strategies for us to implement in the classroom.**

**Are there any health/medical/allergy conditions, I should be aware of?**

**Do you have any family/cultural celebrations, which you would like to share with us?**

**Is there anything else you would like to tell me about your child?**

**Signature \_\_\_\_\_**

**This will be an exciting year! I look forward to getting to know your child and you!**