Questionnaire for Preschool Screens

Please be assured that all the information you share on this form will be kept confidential.

Child's Name:

First:_____Middle:_____Last:_____

Date of Birth:_____

1.) Do both parents have decision making rights?_____
2.) If not: Who has educational rights?

Name:_____   Phone:_____

Email:_____

3.) Has your pediatrician ever mentioned any developmental
concerns?_____

_____

_____.

4.) Does your child have any official
diagnosis?_____

_____.

5.) Was your child born
premature?_____.

6.) Were there any complications during the stay at the hospital? i.e., Drugs in utero,
seizures, lack of oxygen, feeding, etc.

_____

_____

_____.

7.) Is there a family history of learning challenges within your family? This could include
parents, aunts and uncles,
siblings?_____

_____.

8.) Is there anything else, medically, you would like for us to know about your
child?_____

_____

Preschool Readiness Checklist

Child's Name: _____ **Date of Birth:** _____

Age: _____

The following items are designed to help parents understand whether their child is ready for entering kindergarten. The ratings are as follows: <u>Always-3, Sometimes-2, and Never-1</u>. Place the DATE in the box signifying when the parent responded to an item, thereby keeping a record of the child's readiness. When scoring, assign the points based on the most recent administration of the Checklist.

As you interview the parent or primary caregiver, begin each item with the phrase: *"How often does your child...."*

I.   Concept Development

How often does your child:	Always	Sometimes	Never
Recognize and/or name 6-8 colors?			
Match or sort items by color and shape?			
Join in art and music activities?			
Understand concepts such as: in, out, under, on, off, front and back?			
Know his/her body parts (head, shoulder, knee, foot, etc.)?			
Draw a picture of himself/herself that includes a head, body, arms and legs?			
Demonstrate curiosity, persistence and exploratory behavior?			

Total: ____ **/21** (Date 1:_____)   ____ **/21** (Date 2:_____)   ____ **/21** (Date 3):_____

II.   Physical Development

How often does your child:	Always	Sometimes	Never
Put together a simple puzzle?			
Cut with scissors?			
Tie or try to tie his/her shoes?			
Enjoy outdoor play such as: running, jumping, climbing?			
Hold a crayon, marker, or pencil?			
Ride a tricycle?			
Bounce a ball?			
Throw and catch a ball?			

Total: ____ **/24** (Date 1:_____)   ____ **/24** (Date 2:_____)   ____ **/24** (Date 3):_____

III. Number Concept Development

How often does your child:	Always	Sometimes	Never
Arrange items in groups according to size, shape and color?			
Group items that are the same?			
Arrange toys or objects in size order from big to small or from small to big?			
Use words like bigger, smaller, heavier to show comparison?			
Compare the size of toys or items?			
Correctly count 4 to 10 objects?			
Show an understanding of the passing of time?			

Total: _____ **/21** (Date 1:_____)   _____ **/21** (Date 2:_____)   _____ **/21** (Date 3):_____

IV. Language Development

How often does your child:	Always	Sometimes	Never
Talk in complete sentences?			
Follow one/two step directions you give him/her?			
Use descriptive language? ("That's a **big** dog with **brown** spots")			
Use simple sentences in conversation? (I liked the movie)			
Sing or recite nursery rhymes?			
Pretend, create and make up songs and stories?			
Talk about everyday experiences?			
Ask questions about how things work.			
Expresses ideas in a way people around him/her understand?			
Tells or retells a story?			

Total: _____ **/30** (Date 1:_____)   _____ **/30** (Date 2:_____)   _____ **/30** (Date 3):_____

V. Writing Development

How often does your child:	Always	Sometimes	Never
Try to write, scribble or draw?			
Have access to paper, pencils, crayons, or markers?			
Like to receive notes from you and others?			
Ask you to play with him/her writing notes to people?			
Try to write his/her name?			
Try to write numerals 1-10?			

Total: _____ **/18** (Date 1:_____)   _____ **/18** (Date 2:_____)   _____ **/18** (Date 3):_____

VI. Social & Emotional Development

How often does your child:	Always	Sometimes	Never
Use words to solve problems when angry or frustrated?			
Use words such as please, thank you and excuse me?			
Attempt new tasks knowing it is okay to make mistakes?			
Take turns or share with other children?			
Make friends easily and interacts with them appropriately?			
Ask for help when he/she needs it?			
Stay doing an activity until it is completed?			
Follow rules, limits and routines?			

Total: _____ /24 (Date 1:_____)   _____ /24 (Date 2:_____)   _____ /24 (Date 3:_____)

This section is directed to how often the parent(s) interact with their child around school readiness. Begin each item with the phrase: *"How often do you...."*

VII. Parent Involvement

How often do you...	Often	Sometimes	Never
Talk to your child about your day or experiences?			
Talk to your child about your experiences in school?			
Read to your child?			
Talk to your child about going to preschool, Head Start or Kindergarten?			
Play "school" with your child to show what going to school is about?			

Total: _____ /15 (Date 1:_____)   _____ /15 (Date 2:_____)   _____ /15 (Date 3:_____)

- -

Scoring: Total each section. NOTE: For children 3-4 years old, Ready for School is 92 and above. For children 5-6 years old, <u>Ready for School is 122 and above.</u>

	Area	Points Received			Possible Points	3-4 Years	5-6 Years
		Date 1	Date 2	Date 3			
I.	Concept Development				21		
II	Physical Development				24		
III.	Number Concept Development				21		
IV.	Language Development				30		
V.	Writing Development				18		
VI.	Social & Emotional Development				24		
VII.	Parent Involvement				15		
	TOTAL				153		
	Age Designation as Ready for School					92	122

Is the child Ready for School? (Yes/No) Date 1: _____   Date 2: _____   Date 3: _____