

School Questionnaire (Ages 3-6) Please have school personnel fill out and return

Date

Child's Name <i>first</i>	<i>last</i>	Age	DOB
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Parent's Name <i>first</i>	<i>last</i>
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Preschool or School

Address

Form completed by	Position
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With help from

School Contact Person

Phone # and best time to call

Describe this child's strengths

Describe this child's difficulties

List the questions you would like answered in the evaluation report which would help you to better meet this child's instructional needs. Please be as specific as possible.

Describe this child's present educational program, including ancillary therapy services.

Is the child in a bilingual or ESL program?

What is the primary language(s) spoken by teacher(s) and therapist(s) to the child?

Please record any additional information which you think would help evaluate this child. Please attach reports of recent testing, as well as attach a copy of current Individual Educational Plans.

ACHIEVEMENT

please check the appropriate column

	Not Yet	Progressing	Proficient
A. Basic Concepts			
1. Knows colors			
2. Knows letters of alphabet			
3. Knows numbers and counts past 10			
4. Adds and subtracts things			
5. Size Concepts			
6. Location Concepts			
B. Language and Communication			
1. Uses speech to communicate			
2. Explains and describes things			
3. Rhymes words and remembers poems/songs			
4. Uses uncommon words			
5. Uses long sentences			
6. Tells or retells stories or events			
7. Speaks understandably			
8. Follows oral instructions on level with peers			
9. Uses correct grammar (e.g. verb tense)			
10. Uses sign language or other communication system			
11. Follows classroom routine			
C. Emergent Literacy			
1. Listens to stories in books			
2. Asks questions about words			
3. Reads words on signs and labels			
4. Reads words in books			
5. Recites books from memory			
6. Reads "easy" books			
7. Writes or copies words			
8. Dictates stories			
9. Writes "little" stories			
10. Answers questions about orally read story			
D. Motor Skills			
1. Constructs puzzles or builds things			
2. Uses pencils and pens correctly			
3. Uses scissors well			
4. Copies and traces shapes			
5. Draws recognizable objects			
6. Is coordinated on outdoor recess activities			
7. Ties shoe laces			

ACTIVITY, ATTENTION, BEHAVIOR

<i>please check the appropriate column</i>	Not True	Sometimes True	Very/Often True
1. Fails to finish things he/she starts			
2. Can't concentrate, can't pay attention for long			
3. Can't sit still, restless, or hyperactive			
4. Fidgets			
5. Daydreams or gets lost in his/her thoughts			
6. Impulsive or act without thinking			
7. Difficulty following directions			
8. Talks out of turn			
9. Messy work			
10. Inattentive, easily distracted			
11. Talks too much			
12. Fails to carry out assigned tasks			
13. Disturbs other children			
14. Defiant toward teacher			
15. Easily frustrated			
16. Cries often and easily			
17. Mood changes quickly and drastically			
18. Temper outbursts			
19. Self destructive			
20. Shy with peers			
21. Fearful of new experiences			
22. Has trouble separating from caregiver to attend school			
23. Lacks confidence			
24. Can listen without tiring			
25. Shows creativity			
26. Is imaginative			
27. Appears motivated to do school work			
28. Appears sad or worried			

HEALTH ISSUES

	Yes	No
1. Sucks thumb or clothing or bites nails		
2. Has twitches or tics		
3. Complains of not feeling well		
4. Wets pants		
5. Soils underwear		
6. Seems to get ill often		
7. Complains of pain or injuries		

Please describe this child's personality, moods, relationships with peers, behavior, etc.

Please record any additional information which you think would help us evaluate this child.

Thank you for your help! *DMC Staff*