

Northwestern Elementary Preschool Parent Questionnaire

Identifying Data:

Name: First _____ Middle _____ Last _____ Age: _____
Date of Birth: ____/____/____ Male Female Native Language: _____
Address: _____ City: _____ Zip: _____

Custodial Parent(s)/Guardians with whom the Student Resides:

Select one: Both parents Shared parenting Mother only Father only Guardian/Foster care Grandparent Other

Parent/Guardian with whom the student resides: _____ Relationship to student: _____
Cell Ph:#: _____ Work Ph#: _____ Email: _____

Parent/Guardian with whom the student resides: _____ Relationship to student: _____
Cell Ph:#: _____ Work Ph#: _____ Email: _____

Family History:

1. Indicate siblings or any other individuals living with the child.

Name	Age	Relationship to Child

2. With whom does the child stay during the day? (Name of person and relationship to child or childcare center)

3. Does the child have special needs that require daily care or activities from the caretaker? Yes / No
If yes, please describe: _____

Medical History:

1. Who is the child's regular physician? _____
2. When was the child's last Physical Examination? _____
3. Did the child's birth follow a full-term pregnancy with no complication prior to or immediately following the delivery? Yes / No If no, please describe. _____
4. Has the child had, or does the child currently have, significant health concerns, major childhood illness/disease, diagnosed syndromes, or adaptive/medial needs? Yes / No
If yes, please describe. _____
5. Does the child take medication on a regular basis? Yes / No
If yes, please describe. _____
6. Do you have concerns with your child's vision (Yes / No) or hearing (Yes / No)?
7. Has the child participated in therapy (e.g., speech-language, occupational, physical, orientation and mobility, etc.)? Yes / No If yes please provide dates and contact information. _____

Please check **Yes** or **No** for each of the following:

Adaptive Behavior

- Yes No Eats and drinks with utensils independently
- Yes No Dresses without help
- Yes No Undresses without help
- Yes No Toileting – Independent
- Yes No Washes and dries hands without help

Cognition/Preacademic Skills

- Yes No Sorts toys or objects by at least one feature (e.g., color, size, shape)
- Yes No Names two or three colors
- Yes No Counts to 5 or higher
- Yes No Matches objects to pictures in books
- Yes No Uses imagination to play (e.g., pretends to cook dinner, pretends to be going to work)

Social/Emotional

- Yes No Initiates or joins in play with other children
- Yes No Shares toys and takes turns with assistance
- Yes No Accepts changes in daily schedule and routines
- Yes No Recognizes the feelings of others and responds appropriately
- Yes No Willing to separate from parent(s) in familiar surroundings

Motor Skills

- Yes No Demonstrates basic locomotor skills (walking, running, jumping, hopping)
- Yes No Demonstrates balance and coordination while moving
- Yes No Uses one hand consistently in most activities
- Yes No Draws some recognizable shapes/pictures
- Yes No Stacks 6-7 blocks

Behavioral

- Yes No Cooperates with other children during play
- Yes No Asks for assistance when having difficulty
- Yes No Demonstrates aggressive behavior
- Yes No Has frequent temper tantrums and/or cries or whines excessively
- Yes No Disobedient or does not mind well

Communication

- Yes No Shows an understanding of many words and most sentences
- Yes No Can follow simple directions such as “Give Daddy the ball”
- Yes No Average sentence length is 3-4 words or longer
- Yes No Can be understood by people not familiar with his/her speech
- Yes No Points to pictures of common objects described by their use (e.g., show me what you use to eat)

Please use this space for anything else that you’d like to share about your child at this time (e.g., strengths, interests, concerns, etc.)
