

Social Emotional Questionnaire

Today's Date _____

Child's Name: _____ Nick Name: _____ DOB: _____

Person completing questionnaire & relationship to student: _____

Has your child previously been in a structured setting with other children, such as daycare, other preschool or recreational program? ___ Yes ___ No

Name of Program/Frequency _____

Usually/Often Sometimes Rarely/Never Check if a Concern

Has difficulty separating from parent.....

Shy around strangers.....

Follows adult directions.....

Asks for help when having difficulty.....

Enjoys being with other children.....

Plays cooperatively with peers.....

Takes turns to play.....

Plays independently for 10 minutes.....

Is able to sit to be read a short book.....

Adapts well to change in routine.....

Proud of accomplishments.....

Enjoys pleasing others.....

Is comfortable trying new activities.....

Has difficulty ending/beginning activities.....

Uses words to describe feelings.....

Can control strong emotions.....

Able to calm self or be calmed when upset.....

Is independent with toileting.....

Sleeps well.....

Takes a nap.....

Eats well.....

Please add any information that would help us to better know and understand your child, such as personality traits, needs, home like or behavior concerns. There are lines provided on the second page for your answer.
