

CHILD DEVELOPMENTAL QUESTIONNAIRE

Child's Name:	Gender: M F Birth date: Age:	Current Preschool/Day Care: (if applicable) #days per week:
Parent/Guardian Name:	Phone: () Work: () Cell: () Email:	
Address City: Zip:	School District of Residence:	

Will your child attend 4K in the fall? _____

Has your child ever received any early intervention services or testing (i.e. Birth to 3 services, speech therapy, occupational therapy, physical therapy)? _____ If yes, please list:

Do you have concerns about your child's development? YES NO

If yes, please describe your concerns

Language(s) spoken in the home: _____

Please check the items that apply to your child in each of the following areas:

MOTOR AREA

- copies one or more letters seems clumsy when using hands
 writes first name or part of it seems clumsy; stumbles, walks or runs poorly
 shows an interest in coloring hops on one foot without help
 cuts out a circle cuts with a scissors on a straight line
 copies simple shapes (circle, square)

Do you have questions or concerns about your child's motor development?

LANGUAGE

- understands other people answers questions
 stutters, stammers tells first & last name and age
 has trouble being understood can share stories or information
 labels pictures in books can follow a two step direction
speaks in sentences of: 3-5 words 5-10 words

Do you have questions or concerns about your child's language development?

CONCEPTS

- says the numbers from 1-10 identifies shapes
 counts five or more objects identifies colors
 points to or names the bigger of two objects sings the alphabet song (to what letter)
 tells when one object is longer or shorter understands "one", gives you just one when asked
 compares things, for example, says "this one is bigger, heavier," etc.

Do you have questions or concerns about your child's readiness development?

SELF HELP/SELF CARE

___ knows when and how to ask to go to the bathroom ___ can wash and dry his/her hands

___ can use the bathroom independently (wiping)

___ can dress and undress themselves (does not include fasteners)

Do you have questions or concerns about your child's self help and care development?

<h2>SOCIAL/EMOTIONAL</h2>

___ seldom plays with other children

___ plays well with other children

___ seems overly friendly

___ seems overly aggressive (hitting, pushing ...)

___ seems timid, fearful, or worries a lot

___ has trouble paying attention

___ acts much younger than age

___ difficulty separating from parent

___ seems unhappy, cries, whines

___ takes turns

___ shares toys or personal items

___ has trouble sitting still

___ will sit and listen to an entire story

Do you have questions or concerns about your child's social or behavior development?

My child's strengths are:

My child's weaknesses are:

___ I feel my child is ready to begin 4K in the fall.

___ I have a concerns or questions about my child's speech and language and would like a speech therapist to contact me.

___ I have concerns or questions about my child's development and would like a member of the screening team (early childhood teacher, speech therapist, school psychologist, school principal) to contact me.