



Dear Parent,

In an effort to better serve our preschoolers and identify their needs as early as possible, a brief parent questionnaire has been developed. Below are several questions for you to answer in order to help us understand your child and know concerns or questions you may have. There is also a checklist of possible developmental issues. This form will be forwarded to the appropriate school staff members, who will contact you if further screening is indicated.

Student's Name: _____

Birthday: _____

School: _____

Gender: Male / Female

Your Name: _____

Relationship to child: _____

Your Address: _____

Telephone Numbers: _____

1. What are your child's strengths and interest or talents?

2. Does your child have any special problems or disabilities? If so, please describe.

3. What questions or concerns do you have about your child?

Please check any of the following statements that describe your child.

Health problems	Seems to have trouble seeing
Seems to have trouble hearing	Doesn't pay attention / poor listener
Doesn't talk well for age.	Speech is difficult to understand
Doesn't seem to understand well	Clumsy; walks or runs poorly, falls
Timid, fearful, worries a lot	Temper tantrums
Doesn't mind well	Overly aggressive
Can't sit still, overly active	Seldom plays with other children
Other:	Other: