



Pre-Kindergarten Parent Questionnaire

Child's: First Name _____ Last Name _____

Date of Birth _____

Parent/Guardian: First Name _____ Last Name _____

Social Relationships

1. Does your child have opportunity to be around kids his/her own age (childcare, siblings, etc)?

Yes

No

2. A) How does your child initiate and maintain interactions with people?

B) Does he/she establish eye contact?

Yes

No

D) Does he/she seek out others after an accomplishment?

Yes

No

C) Does he/she display affection?

Yes

No

E) Does he/she seek out others when frustrated or angry?

Yes

No

F) How does this look with parents?

G) How does this look with familiar caregivers (extended family, childcare providers, etc)?

H) How does this look with siblings or peers?

3. A) Are there behaviors that may interfere with relationships or seem inappropriate in interactions expected for the child's age (hitting, biting, tantrums)?

Yes

No

B) If yes, how often does this occur?

C) In what situations?

4. A) How does your child display his/her emotions?

B) How does s/he react to the emotions and expressions of others?

Yes

No

5. A) Does your child follow daily routines?

Yes

No

B) How does your child respond to transitions or changes in routines?

Acquiring and Using Skills

1. How does your child understand and respond to directions and requests from others?

2. A) What is your child's favorite toy?

- B) How does he/she play with that toy?

- C) Does he/she pretend play?

Yes No

3. A) Will your child sit with you and read a story?

Yes No

- B) For how long?

- C) Can he/she point to pictures and/or talk about the story?

Yes No

4. Does your child show awareness of:

Colors?

Yes No

Big/Small?

Yes No

Shapes?

Yes No

Letters?

Yes No

Same/Different?

Yes No

Counting Objects?

Yes No

Behaviors to Meet Needs

1. A) How does your child tell you his/her wants and needs?

- B) What does your child do when he/she doesn't get what he/she wants?

2. A) What does your child do when he/she is upset or needs comfort?

- B) How long does it take to recover?

3. A) How does your child move around the house?

- B) Does that look different outside, on the playground, or in a store?

4. Tell us about your child's actions with regards to:

A) Dressing/undressing

B) Mealtimes

C) Toileting

D) Brushing teeth

E) Washing hands/face

F) Blowing nose