School District of Manatee County

Preschool Screening Questionnaire

6423 9th Street East, Bradenton, Fl. 34203
Mailing Address: P.O. BOX 9069, Bradenton, FL 34206-9069
(941) 721-2300 Fax: (941) 753-0958

Dear Parents:

Please take a few moments to introduce your child to us through this questionnaire.

This form has two parts that ask for information about your child:
Part 1: Personal background information about your child.
Part 2: Developmental information about your child.

Please read through the form and respond to all items as carefully as you can. You are an important source of information about your child. The information and answers that you provide enable us to better understand the whole child. We greatly appreciate your time in completing this form and look forward to working with you and your child.

Child's Name (First, Last):____

Date of Birth:____/____/_____ Gender: ☐Male ☐Female

Primary Language of family: ___________ Primary Language of child: ___________

Race (Check all that apply): ☐White ☐Black or African American ☐Asian
☐American Indian or Alaskan Native ☐Native Hawaiian or Pacific Islander

Is child of Hispanic, Latino or Spanish Origin? ☐Yes ☐No

Parent Information

Name of Mother (First/Last):_______________________________
Mothers Occupation: _______________________________
Name of Father (First/Last): _______________________________
Fathers Occupation: _______________________________
Name of Guardian (First/Last):____

Address:____

City:____State:_____________Zip:____________

Home Phone:____

Cell Phone:____

Email address:____

Person completing this survey:☐Mother ☐Father ☐Guardian ☐Other: _______________________

Part 1: Personal Information

Living Situation

1. Who does your child live with? (Check all that apply)
   ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Mother's Partner ☐ Father's Partner
   ☐ Grandmother ☐ Grandfather
   ☐ Foster family: Case worker's name and phone#:______________________________
   ☐ Other (specify)______________________________
2. Is the child adopted? ☐ Yes ☐ No
3. If your child is adopted at what age did he/she join the family?______________________________

Siblings

4. Does your child have brothers or sisters? ☐Yes (Please list below) ☐No

Name of brother/sister	Age	Name of School Attending	Does this child live at home with your preschooler?

School situation

5. What are your concerns about your child's education and development? ______________________________
____
6. Has your child attended a preschool/ daycare? ☐Yes ☐No If yes, for how long? (years/months)__________
7. Is your child attending daycare/preschool full time or part time?______________________________
8. What is the name and location of your child's preschool/daycare?______________________________
   Preschool or Daycare contact person's name:______________________________
9. Has your child ever been asked to leave a daycare/preschool facility? ☐Yes ☐No
   If yes, please explain:______________________________
10. What school do you plan to send your child to for Kindergarten?______________________________

Home Situation

11. When was the last time you moved?______________________________
12. How often have you moved in your child's life?______________________________
13. Have any of the following occurred?
    Parents separated or divorced: ☐Yes ☐No When?______________________________
    A death or major loss: ☐Yes ☐No Who/When______________________________
    Other major events that may have upset your child with corresponding dates?
    ____
14. Has your child reacted to any of the above situations with behaviors that concern you?
    ____
    ____
15. Are there any family circumstances that you would like the evaluators/school to be aware of?
    ____

Part 2: Developmental Information

General Information

16. Was the child a full-term baby? ☐Yes ☐No
    If NO, at how many weeks gestation was he/she born?)__________
17. Were there any complications with the pregnancy or at birth? ☐ Yes ☐No
    If YES explain: ______________________________
18. Did your child stay in the NICU? ☐ Yes ☐No
    If YES, how long? __________
19. How long was the child in the hospital after birth? __________
20. What age did your child crawl on hands and knees? __________
21. What age did your child start walking? __________
22. What is your child's bedtime? ________ Does your child sleep through the night? ☐Yes ☐No

Medical Information

23. Has your child received services through Early Steps? ☐Yes ☐No
24. Has your child seen an optometrist or ophthalmologist? ☐Yes ☐No
25. Does your child wear glasses? ☐Yes ☐No
26. Do you suspect your child has a vision problem? ☐Yes ☐No
    Comments:____
27. Do you suspect your child has a hearing problem? ☐Yes ☐No
    Comments:____
28. Is your child under the care of an audiologist or ear, nose and throat (ENT) specialist? ☐Yes ☐No
29. Has your child had frequent ear infections? ☐Yes ☐No
30. Has your child had ear tubes inserted? ☐Yes ☐No
    If YES, at what age(s)?____
31. Does your child speak loudly? ☐Yes ☐No
32. Does your child have a medical diagnosis? ☐Yes ☐No
    If YES, please describe:____
33. Has your child ever been hospitalized? ☐Yes ☐No
    If YES, please explain:____
34. Has your child ever had surgery? ☐Yes ☐No
    If YES, what surgery/surgeries? ____
35. Does your child take prescription medications on a routine, daily basis? ☐Yes ☐No
    If YES, please list:____
36. Does your child have any allergies? ☐Yes ☐No
    If YES, please list:____
37. Does your child have an EPI PEN? ☐Yes ☐No
38. Does your child use an asthma inhaler? ☐Yes ☐No
39. If your child has had evaluations/assessments completed, please check the type:
    ☐**Cognitive or Developmental exam** ☐**Psychological exam** ☐**Neurological exam**
    If your child has had one of the above exams, please describe the reason(s):
    ____
    Name and location of person(s) who administered the exam:___________________________
40. Has your child ever experienced a major psychological trauma? ☐Yes ☐No
    If YES, please describe:
41. Other medical information, if applicable: ____________________________________

Speech/Language Information

42. My child has had a **speech and language evaluation**. ☐Yes ☐No
    If YES, did he/she receive therapy? ☐Yes ☐No For how long?____________________
43. My child currently receives **speech and language therapy.** ☐Yes ☐No
    Therapist's name/agency:____
44. My child will point to objects/pictures when I name them. ☐Yes ☐No
45. How does your child communicate his/her wants/needs? ________________________
46. My child uses 50+ words to communicate. ☐Yes ☐No Examples: ___________________________
47. My child puts at least two words together. ☐Yes ☐No Examples: ___________________________
    If YES to Question 47, please answer questions 48-50 below:
48. I feel my child pronounces words about as clearly as other children the same age. ☐Yes ☐No
49. My child is generally understood by people outside the family. ☐Yes ☐No
50. I find myself restating what my child has said to others. ☐Yes ☐No

Gross Motor Information

52. My child can __**independently:**__ (check all that apply)
    ☐Throw or catch a ball ☐Kick a ball ☐Go upstairs with alternating feet ☐Go downstairs with alternating feet
    ☐Hop on one foot ☐Hop on two feet ☐Balance on one foot for 3-5 seconds

53. My child has **<u>difficulty:</u>** (check all that apply)
☐Transitioning over different surfaces (level vs unlevel) ☐Walking/running over unlevel surfaces
☐Navigating obstacles (trips/falls often) ☐Climbing on playground equipment
54. My child has had a **physical therapy evaluation**. ☐Yes ☐No
If YES, did he/she receive therapy? ☐Yes ☐No For how long? ____________________
55. My child <u>currently</u> receives **physical therapy.** ☐Yes ☐No
Therapist's name/agency:____

Sensory Information

56. My child is fearful of loud noises. ☐Yes ☐No
57. My child does not like crowds. ☐Yes ☐No
58. My child is a picky eater (does not like certain food textures, colors, etc.). ☐Yes ☐No
59. My child becomes overwhelmed in new situations. ☐Yes ☐No
60. Certain clothing (tags, different materials, etc.) bother my child. ☐Yes ☐No
61. My child will run off (through doors, in long corridors, etc.) ☐Yes ☐No
62. My child does not seem aware of pain and/or danger. ☐Yes ☐No
If YES, please explain: ____

Fine Motor Information

63. My child can hold a crayon and draw/color with it. ☐Yes ☐No
64. My child can string beads. ☐Yes ☐No
65. My child can snip with scissors.☐ Yes ☐No
66. My child can copy a horizontal line, a vertical line and a circular shape. ☐Yes ☐No
67. My child has had an **occupational therapy and/or sensory evaluation.** ☐Yes ☐No
If YES, did he/she receive therapy? ☐ Yes ☐No For how long?________________________
68. My child <u>currently</u> receives **occupational therapy.** ☐Yes ☐No
Therapist's name/agency:____

Attention Information

69. My child sticks to one activity for at least 5 minutes at a time (not including computer or TV). ☐Yes ☐No
70. My child perseverates or excessively over-focuses on things or ideas. ☐Yes ☐No
71. My child exhibits impulsive behaviors. ☐Yes ☐No
72. My child has been diagnosed with **ADD** or **ADHD.** ☐Yes ☐No
73. If I say "look" and point, my child will look where I'm pointing. ☐Yes ☐No

Social Development Information

74. My child has opportunities to play with other children his/her own age. ☐Yes ☐No
75. My child easily separates from parents. ☐Yes ☐No
76. My child can take turns. ☐Yes ☐No
77. My child gets along well with other children. ☐Yes ☐No
78. My child is fearful/anxious and worries a lot. ☐Yes ☐No
79. My child tolerates changes in routine. ☐Yes ☐No
80. Does your child exhibit any serious behavior problems? (Check those that apply). ☐Yes ☐No
☐Defiance of adults/non-compliant ☐Excessive, long-lasting tantrums ☐Biting
☐Aggressive/violent behavior towards others ☐Other:_____________________________
81. What is your child's reaction to stress? (Check all that apply)
☐Cries ☐Headache ☐Stomachache ☐Bites ☐Other: ___________________
82. Are there challenges with behavior management at home? ☐Yes ☐No
If YES, what is the most effective in establishing acceptable behavior*:* ______________________

My child's strengths are:____
____
My child continues to need assistance with:____
____
Please list any additional information that you feel is important regarding your child: ________
____

Thank you for your time!