

Screening Questionnaire 2024-2025

Please return this form along with your application to Office of Student Support Services
at 77 Poland Street prior to screening appointment.

Your child's name: _____

Your child's date of birth: _____

1. Is your child reluctant to talk? YES NO
If yes, please describe:

2. Do other people have difficulty understanding your child's speech? YES NO

3. Does your child speak in sentences of at least 3-5 words? YES NO

4. Does your child use a normal tone of voice? YES NO

5. Does your child play well with others? YES NO
Comments (if any):

6. Is your child easily upset by changes in daily routine? YES NO
Comments (if any):

7. Does your child have temper tantrums? YES NO

8. Is your child toilet trained? YES NO

9. Does your child have difficulty following directions? YES NO

10. What are your child's favorite activities?

Please describe 2-3 favorites:

11. Are there specific activities that your child avoids? YES NO

12. List anything that the preschool staff should know about your child
or your situation? *(i.e. Medical issues, vision, hearing, ear infections, fears):*

13. What is the primary language spoken in your home? _____

14. Does your child speak more than one language? _____

15. Primary reason for your interest in the Integrated Preschool Program? _____

Parent/Guardian Signature: _____

Date Questionnaire Completed: _____