

**PRESCHOOL TEACHER QUESTIONNAIRE**

FDLRS# \_\_\_\_\_

Name of Child: \_\_\_\_\_ Child's Age \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_

Name of School: \_\_\_\_\_ School Phone# \_\_\_\_\_

Check (✓) all the items that best describe this child

**Social and Emotional**

<input type="checkbox"/> 'YES'	Description	Comments
<input type="checkbox"/>	Affectionate, loving	
<input type="checkbox"/>	Appears to enjoy school	
<input type="checkbox"/>	Plays appropriately with toys	
<input type="checkbox"/>	Plays appropriately with other children	
<input type="checkbox"/>	Has a few friends	
<input type="checkbox"/>	Has no friends	
<input type="checkbox"/>	Avoids or is uncomfortable with other children	
<input type="checkbox"/>	Unwilling to share toys	
<input type="checkbox"/>	Does not want to participate in activities	
<input type="checkbox"/>	Seeks attention ("Watch me!")	
<input type="checkbox"/>	Usually is happy	
<input type="checkbox"/>	Shows little emotion	
<input type="checkbox"/>	Too much emotion	___ Upset ___ Fearful ___ Angry ___ Cries
<input type="checkbox"/>	Difficulty separating from parent	
<input type="checkbox"/>	Withdraws, likes to be left alone	
<input type="checkbox"/>	Hurts others	___ On purpose ___ Without meaning to
<input type="checkbox"/>	Shows remorse; is sorry	

**Sensory and Motor**

<input type="checkbox"/> 'YES'	Description	Comments
<input type="checkbox"/>	Often does not respond to sounds	___ Diagnosed with hearing loss
<input type="checkbox"/>	Overly sensitive to sounds/smells/touch/textures	___ Sounds ___ Smells ___ Touch ___ Textures
<input type="checkbox"/>	Often bumps into things	
<input type="checkbox"/>	Falls frequently	
<input type="checkbox"/>	Unusual behaviors. Example: rocks, bangs head, flaps hands	

**Self -Help**

<input type="checkbox"/> 'YES'	Description	Comments
<input type="checkbox"/>	Feeds self	
<input type="checkbox"/>	Washes hands	
<input type="checkbox"/>	Helps with simple chores	
<input type="checkbox"/>	Avoids common dangers. Example: hot stove, broken glass	
<input type="checkbox"/>	Dresses self	___ with help ___ independently
<input type="checkbox"/>	Wears diapers or pull-ups	___ And tells an adult when needs changing
<input type="checkbox"/>	Uses toilet with help	___ And tells an adult when needs to go
<input type="checkbox"/>	Uses toilet independently	

Communication	√ 'YES'	Description	Comments
		Makes and maintains eye contact	
		Uses gestures. Example: points, waves goodbye	
		Uses facial expressions. Example: smiles, frowns	
		Understands your gestures. Example: looks where you point	
		Vocalizes, uses sounds	
		Repeats words to learn them	
		Uses words to communicate	
		Uses sentences to communicate	
		Follows simple directions	
		Repeats words and phrases for no clear reason	___ "Echoes what he hears ___ Repeats commercials, videos, etc.
		Uses jargon or gibberish	
		Uses words but does not speak clearly	
		Has difficulty answering simple questions	

Compliance	√ 'YES'	Description	Comments
		Seeks to please	
		Usually is cooperative	
		Difficulty following directions	___ Doesn't understand ___ Doesn't want to
		Difficulty changing from one activity to another	
		Difficulty handling a change in the usual routine	
		Insists on having his/her way	
		Resists behavioral limits	

**Self-Control**

Self-Control	√ 'YES'	Description	Comments
		Shows good self-control	
		Poor focus and control	___ distracted ___ impulsive ___ can't be still
		Does not stick with an activity or finish tasks	
		Often has tantrums	
		Loses control; has a "meltdown"	
		Requires supervision most of the time	
		Aggressive words Examples: calls people names, bad language	
		Aggressive actions. Examples: hits, kicks, throws	To ___ objects ___ children ___ adults ___ self