

Pequannock Township School District Parent/Guardian Questionnaire

Child's Name _____

Please answer the following questions to help us provide your child with a great learning experience.

Did your child attend Preschool? ___ YES ___ NO

Name of Preschool _____

What are your child's strengths? _____

What are your child's weaknesses? _____

Has your child ever received Early Intervention Services? _____

If so, what and for how long? (Occupational Therapy, Speech and Language, Physical Therapy, Educational Services) _____

	YES	NO	SOMETIMES
Does your child have a diagnosed disability?			
Is your child's speech understandable to most people?			
Does your child participate in cooperative play with peers?			
Does your child prefer to play alone?			
Does your child follow single step directions?			
Does your child write his/her name?			
Does your child have an interest in books?			
Can your child sit still and listen for a 3-5 minute period of time?			
Can your child concentrate on a task for at least 10 minutes?			
Does your child show a sense of confidence when away from parent for 2-3 hours?			
Does your child recall past events/rhymes/songs?			
Does your child enjoy being read to?			

Is there anything else you think we should know about your child as we plan for the upcoming school year? _____
