

Webster Public Schools-Office of Student Support Services
Preschool Screening Questionnaire

Child's Name: _____

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. Is your child able to feed themselves with a fork or spoon? YES NO

10. Is your child able to navigate stairs independently? YES NO

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

12. What are your child's favorite activities?

Please describe 2-3 favorites:

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

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

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

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

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

Parent/Guardian Signature: _____

Date Questionnaire Completed: _____