



Child Care/Preschool Provider Questionnaire

Child's Name _____

*To be filled out by the teacher or primary childcare provider at child care/preschool establishment **prior** to in-person screening/evaluation appointment **OR** return to **diane.didomenico@gilbertschools.net***

Parent Permission

I give my permission to the person listed below* to give Gilbert Public Schools input on my child's participation/behavior in their program.

Signature _____ Date _____

*Child Care Provider, please provide the following information:

Preschool/Daycare name _____

Preschool / Daycare Address _____

Phone number _____

Teacher's name _____

Days and times attending: _____

Approximate number of children in class _____ Number of adults in class: _____

Name of person filling out form (if different than above) _____

How long have you known this child? _____

Pre-ACADEMIC SKILLS: In class, the student is **ABLE** to:

☐ Point to primary colors	☐ Rote Count to: _____
☐ Spontaneously name primary colors	☐ Draw people or stick figures to represent a person
☐ Stack blocks	☐ Write own name
☐ Build various block designs	☐ Listen to a short story being read aloud

☐ Play with toys the way they were intended to be used	☐ Answer simple questions after a short story is read aloud
Tell his/her own: ☐ Gender ☐ Name ☐ Age	
Match objects by: ☐ Picture ☐ Shape ☐ Color ☐ Size	

SENSORY PROCESSING: Please mark the behaviors OBSERVED by the student in class.

Overly sensitive to sound	☐	Frequently fidget when seated or overactive	☐
Overreaction to touch or messiness	☐	Visually and/or auditorily distractible	☐

Does the student engage in any repetitive behaviors that interfere with learning? Please explain:

COMMUNICATION: Please mark the skills that are DIFFICULT for the student.

expressing wants and needs	☐	speaking clearly	☐
talking in complete sentences	☐	answering questions	☐
understanding verbal directions	☐	labeling objects/pictures	☐
identifying objects/pictures	☐		

Does the child have other language/communication difficulties not listed above? Please explain:

SOCIAL/EMOTIONAL: Please mark the skills that are DIFFICULT for the student.

managing emotions	☐	transitioning between tasks	☐
joining group instruction	☐	staying focused on an activity	☐
complying with directions/defying caregivers	☐	following the daily routine	☐
peer interactions (i.e., sharing toys, parallel/cooperative play, pretend play)			☐

Does the student have other social skills difficulties not listed above? Please explain:

Does the student have any aggressive behaviors? Please list behaviors observed:

When do you typically see the behavior (Transitions, Circle time, Free play)?

MOTOR DEVELOPMENT: Please mark the skills that are DIFFICULT for the student.

Gross Motor		Fine Motor	
climbing on playground equipment	☐	scribbling, drawing, coloring	☐
ball skills (throw, catch, kick)	☐	scissor skills	☐
climbing stairs	☐	pencil grasp	☐
jumping	☐	manipulating objects in hands	☐

SELF-HELP SKILLS: Please mark the skills that are DIFFICULT for the student.

using utensils (fork, spoon, cup)	☐	drinking from a cup	☐
dressing (i.e., pulling up/down pants, taking off jacket/backpack)	☐	toileting	☐
handwashing	☐	labeling objects/pictures	☐

Areas of success:

What strategies or interventions have been tried? Are they successful?