

## Pre-K Questionnaire

### Child's Information

Child's Name: \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Is your child potty trained? Yes No

Do you suspect your child may have speech or language difficulties? Yes No

Does your child have an IEP? Yes No

Speech \_\_\_\_\_ Language \_\_\_\_\_ Other \_\_\_\_\_

### Behavior Management

Does your child exhibit extremely aggressive, fearful, or timid behavior? Yes No

If yes, please explain: \_\_\_\_\_

Does your child respect things belonging to self or others? Yes No

If yes, please explain: \_\_\_\_\_

Does your child follow simple rules/directions? Yes No

### Developmental Milestones

Does your child have separation anxiety? Yes No

Does your child attend to a task until completion? Yes No

Does your child respond to other people? Yes No

Does your child show interest in playing with other children? Yes No

Does your child receive any special needs services such as Centerstone or Exceptional

Family Member Program? Yes No

If yes, please list \_\_\_\_\_

Does your child have any diagnosed medical conditions? Yes No

If yes, please explain: \_\_\_\_\_

Does your child currently attend Head Start? Yes No

Does your child currently attend a childcare center/facility? Yes No

If yes, please list \_\_\_\_\_