

PARENT QUESTIONNAIRE

Student Name _____ Teacher _____ Date _____

NOTE: As a parent you may have pertinent data that can be very helpful in determining program placement and planning for the student listed above. You can supply this data by responding to the items listed below. Please read each item and answer the question as it best applies to this student. Thank you for your time and effort:

The Wells-Ogunquit Kindergarten/Begindergarten Staff

	Always or almost always	Sometimes	Rarely or never
1. Argues when denied own way			
2. Breaks toys or other objects on purpose			
3. Plays well with other children			
4. Has tantrums (stamps feet, screams, etc.)			
5. Solves problems by talking rather than by hitting, pushing, or biting			
6. Acts without thinking (runs into street without looking both ways, etc.)			
7. Admits when he or she makes a mistake			
8. Stays calm when things do not go as planned			
9. Blames others when bad things happen			
10. Interrupts (talks when others are speaking)			
11. Asks before using other people's things			
12. Works well with others			
13. Shows pride in doing something well			
14. Clings or hangs on to you			
15. Whines or pouts			
16. Seems afraid of many things			
17. Hurts others (hits, bites, kicks, punches, etc.)			
18. Gives up easily			
19. Makes transitions easily (moves easily from one activity to the next, etc.)			
20. Falls and hurts self			
21. Is restless and can't sit still			
22. Acts very sad or withdrawn			
23. Knows first and last name			
24. Knows age			
25. Recognizes some lower case letters			
26. Recognizes some upper case letters			
27. Shows interest in books and stories			
28. Prints his or her first name			
29. Uses scissors to cut paper			
30. Displays handedness - please circle:	Right	Left	Undecided
31. Has speech that is understandable			
32. Speaks in sentences of four or more words			
33. Appears to be free of handicaps or problems that might cause a need for special services			

SELF-HELP DEVELOPMENT

	Most of the time	Sometimes	Rarely or never	Not allowed or not asked
1. Buttons clothing without help				
2. Puts toys or books away when asked				
3. Wets or soils pants				
4. Washes and dries hands when needed				
5. Puts each shoe on correct foot				
6. Gets dressed without help				
7. Picks up after self without being asked				
8. Uses the toilet without help				
9. Follows safety rules (stays away from hot oven, etc.)				

OVERALL DEVELOPMENT

	I'm not worried	I'm a little worried	I'm worried	I'm very worried
1. Health				
2. Motor skills (walking, throwing, balancing, etc.)				
3. Cognitive skills (learning, thinking, problem solving, etc.)				
4. Language skills (talking and understanding)				
5. Self-care skills (dressing and feeding self, etc.)				
6. Social-emotional skills				
7. Vision				
8. Hearing				

COMMENTS:
