



PRE-SCHOOL PARENT QUESTIONNAIRE

INSTRUCTIONS

Please complete and return this form to the Mary of Nazareth Office.

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Address (Street, City, State, ZIP) _____

Date of Birth ____/____/____ ☐ Male ☐ Female

Language(s) Spoken at Home _____

PARENT INFORMATION

Parent Name _____

Parent Name _____

Relationship ☐ Mother ☐ Father ☐ Guardian

Relationship ☐ Mother ☐ Father ☐ Guardian

☐ Other (Specify) _____

☐ Other (Specify) _____

PARENT SURVEY

What concerns do you have about your child? _____

Was your child ever referred to the Montgomery County Infants and Toddlers Program? ☐ Yes Month ____ Year ____ ☐ No

How were you referred to Child Find? ☐ Family ☐ Flyer ☐ Friend ☐ Physician ☐ Teacher ☐ Other

Has your child ever been assessed? ☐ Yes (please attach reports and complete below) ☐ No

Dates Assessed: ____/____/____ ____/____/____ Testing Location: _____

Reason: _____

Child Attends: ☐ Preschool ☐ Day Care ☐ Home Day Care ☐ Home ☐ Other _____

Name of Preschool/Day Care: _____

If Preschool/Day Care has concerns, please explain:

Things my child does well:

Things my child is working on:

My child is interested in:

Check all area(s) of concern/possible delay:

- ☐ does not appear to be learning at an average rate
- ☐ delays in developmental milestones
- ☐ other _____

SPEECH/LANGUAGE

- ☐ began to talk at _____ months

Speech is difficult to understand

- ☐ parents understand _____%
- ☐ others understand _____%
- ☐ stutters/dysfluent
- ☐ often needs directions/questions repeated

Communicates by

- ☐ gestures
- ☐ single words
- ☐ phrases
- ☐ sentences
- ☐ other _____

MOTOR

- ☐ bumps into things
- ☐ trips and falls often
- ☐ fearful on the playground
- ☐ unusual reaction to touch
- ☐ unusual reaction to sound
- ☐ unusual reaction to light
- ☐ problems with paper/pencil tasks
- ☐ walked at _____
- ☐ other _____

Additional Information:

ATTENTION

- ☐ easily distracted
- ☐ short attention span
- ☐ darts from one task to another
- ☐ difficulties with changes in routine
- ☐ other _____

SELF-HELP

Significant delays with:

- ☐ feeding
- ☐ dressing
- ☐ toilet training
- ☐ other _____

SOCIALIZATION

- ☐ consistently shows no interest in playing/relating with others
- ☐ rarely looks at people
- ☐ becomes upset in group settings
- ☐ gets stuck on one idea, object, or activity and becomes upset if requested to change
- ☐ appears to be in their own world
- ☐ other _____

BEHAVIOR

- ☐ tantrums
- ☐ is not able to accept limits
- ☐ refuses to comply with requests
- ☐ aggressive towards others
- ☐ easily frustrated
- ☐ other _____

MEDICAL HISTORY

- | | | | | | |
|--|---|---------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Physical defect | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Allergies | <input type="checkbox"/> Speech problems | <input type="checkbox"/> Eye problems | <input type="checkbox"/> Frequent sore throats |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dietary problems | <input type="checkbox"/> Ear problems | <input type="checkbox"/> Headaches | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Serious accidents or injuries |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Temperature above 104 | <input type="checkbox"/> Other _____ | |

Describe any of the problems checked above:

Has the child ever been hospitalized? ☐ Yes ☐ No How long _____ Age at time _____

Reason

Is the child under treatment or on medication at present? ☐ Yes ☐ No If yes, explain:

How would you rate the child's general health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

SOCIAL BEHAVIORAL CHARACTERISTICS

Please check any of the following behaviors which describe the child:

- | | | |
|--|---|---|
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Creative | <input type="checkbox"/> Lacks self-control |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Frequent sudden changes in mood |
| <input type="checkbox"/> Consistently short attention span | <input type="checkbox"/> Thumb sucking | <input type="checkbox"/> Excessive inconsistency in behavior |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> Nailbiting | <input type="checkbox"/> Needs constant approval or reassurance |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Unusually aggressive towards others |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Overactive | <input type="checkbox"/> Unusually shy or withdrawn |
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Athletic | <input type="checkbox"/> Difficulty completing tasks and activities |
| <input type="checkbox"/> Unreasonable fears | <input type="checkbox"/> Musical | <input type="checkbox"/> Difficulty with changes in routine |
| <input type="checkbox"/> Gets ideas quickly | <input type="checkbox"/> Rocking | <input type="checkbox"/> Difficulty with organization |
| <input type="checkbox"/> Fantasies | <input type="checkbox"/> Underactive | <input type="checkbox"/> Avoids reading |
| <input type="checkbox"/> Artistic | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Difficulty telling time |
| <input type="checkbox"/> Frequently tells lies | <input type="checkbox"/> Enjoys reading | |
| <input type="checkbox"/> Avoids homework | <input type="checkbox"/> Frequently late | |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Doesn't seem to understand questions or directions | |
| <input type="checkbox"/> Frequently talks to self | <input type="checkbox"/> Difficulty making and keeping friends | |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Difficulty using numbers | |
| <input type="checkbox"/> Lacks motivation | | |