

QUESTIONNAIRE for ECC 4 year olds

Please take a few minutes to answer both sides of this questionnaire. This will help me get to know your child better. Please return this at The Back to School meeting. Thank you!

Child's name _____ (As you want him/her called at school)

Birth date _____ Age _____ Boy: _____ Girl: _____

Language your child speaks _____

Language your child understands _____

Language spoken at home _____

Please list the names and ages of your child's brothers and sisters.

Has your child had playgroup experience?

Is this your child's first experience in a school setting? If no, then where and when?

Does your child have any difficulty with speech?

Does your child wear glasses?

List your child's special interests.

Is your child afraid of anything?

What responsibilities does your child have at home?

Is your child (circle one) right, left handed or still using both?

Check only skills your child has acquired: *

_____ Can say full name (First, middle, last)

_____ Can recognize first name

_____ Can write first name

_____ Recognizes upper-case letters (Some, most, all) – Circle one

_____ Recognizes lower-case letters (Some, most, all) – Circle one

_____ Recognizes numbers to 10

_____ Counts to.....(how far?)

_____ Knows colors

_____ Can hold a pencil (with proper grip?)

_____ Has experience with crayons

_____ Has experience with scissors

_____ Has experience with gluing

_____ Can listen to stories

_____ Can dress themselves

_____ Uses bathroom independently

*These are skills we will be working on.

CONTINUED ON BACK

What are your expectations for the ^{new} Childhood Connections program? What specific things would you like to see happen this year?

Is there anything going on in your family that you think may be helpful for me to know about?

**Has your child received speech or other services from ECI, CCISD, or any private practice?
Yes___ No___ If yes: Who and when**

If yes: Please submit additional written documentation of services provided and strategies for us to implement in the classroom.

Are there any health/medical/allergy conditions, I should be aware of? Uses EPI Pen Yes ___ No ___

Any Cultural/Religious food restrictions?

Is there anything else you'd like to share about your child?

Signature _____

This will be an exciting year! I look forward to getting to know your child and you!