

## Preschool Questionnaire

Dear Preschool Teacher,

Please complete this checklist for (*Student Name*): \_\_\_\_\_

A referral has been made to the Cobb County Public Schools Preschool Special Education program. Your input will be very helpful. Thank you for your assistance.

**Please fax completed questionnaire to 678-842-6942 or return by US Mail:  
Cobb County School District, Special Needs Preschool, 1595 Hawthorne Ave. Smyrna, GA 30080**

This child is enrolled in a class for:  2-year olds  3-year olds  4-year olds  Other (*specify*): \_\_\_\_\_  
Days attending: \_\_\_\_\_ Time of day attending: \_\_\_\_\_

<b>Communication Skills</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Seldom</b>
The student communicates wants and needs appropriately.			
The student follows 1-step directions.			
The student follows 2 or 3-step directions.			
The student responds to questions.			
The student asks questions appropriately.			
The student engages in conversations appropriately.			
The student expresses refusals appropriately.			
The student is easily understood by peers.			
The student is easily understood by adults.			
The student uses phrases of 3 or more words.			
The student uses an abnormally loud voice.			
The student uses a vocal pitch that is too high or too low.			
The student exhibits stuttering in your class.			
What do you do to help this student when s/he has difficulty with communication skills?			
Comments:			

<b>Cognitive/Academic Readiness Skills</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Seldom</b>
The student recognizes his/her name when written.			
The student demonstrates problem solving skills.			
The student completes puzzles.			
The student performs readiness skills presented to the class.*			
*Examples/Comments:			
What do you do to help this student when s/he has difficulty?			

<b>Motor Skills</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Seldom</b>
The student negotiates playground equipment and demonstrates age-appropriate large motor skills.			
Fine motor skills are age-appropriate for cutting, coloring and gluing.			
The student can cut with scissors.			
The student uses writing utensil correctly.			
The student is able to appropriately grasp and manipulate classroom materials.			
How do you help this student with areas of difficulty?			
Comments/description of assistance required:			

<b>Adaptive Skills</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Seldom</b>
The student stays with the group during structured activities.			
The student attends to age-appropriate group activities.			
The student completes an independent task.			
Toileting skills are age appropriate.			
The student independently feeds self.			
The student responds to sensory input (noises, touch, smell, vision, tastes) in a typical manner.			
The student exhibits an appropriate activity level.			
What do you do to help this student when s/he has difficulty?			
Comments:			

<b>Social/Behavior Skills</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Seldom</b>
The student plays well with peers.			
The student initiates interactions with others.			
The student is compliant with teacher requests.			
The student transitions smoothly between activities.			
The student participates in classroom activities.			
The student asks appropriately for help.			
The student displays self-control (no tantrums, rarely cries or is upset).			
The student asserts self appropriately (no aggression).			
The student is not excessively dependent on adults.			
The student tries new things.			
The student uses classroom materials appropriately (not destructive).			
The student accepts correction- redirection.			
The student sits and waits appropriately.			
The student shares classroom materials/toys when asked.			
Are you concerned with this child's behavior? If so, please list specific concerns. How long have the behaviors been a concern?			
What strategies do you implement when student exhibits behavioral difficulty?			
Does the student display any behaviors that you feel are not typical or are unusual for a preschool age child?			
Have you discussed concerns with student's parents?			
List Student's Strengths:			

Form completed by: *(Teacher's Name)* \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Preschool/Daycare Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*Work samples would be appreciated. Thank you again!*

**\*snp0002\***