

Parent Questionnaire



Welcome to a new year of preschool or kindergarten. Through our Solid Foundations Program, we offer services in the following areas: speech and language, fine/gross motor, emotional regulation, behavioral supports, social skills, and/or English Language Learning for those children that need support to develop their skills. The purpose of this questionnaire is for you to share information about your child so that we can better support them in their preschool years and prepare them for their school years ahead. During this time of uncertainty, as to what preschool/kindergarten will look like, in the fall we need to get your input to see what children may need our services. Please fill out the information below.

Full Name of Child: _____

Birthdate: _____

Time/Day of Class: _____

Please put beside the items that your child is currently doing and an **X** beside the items that your child is not yet doing.

My child

Primarily uses (please choose one)

- single words (eg. 'Up', 'go', 'mine')
- 2-3 words in a sentence (eg. 'Car go down' 'Puppy eat food')
- 4 or more words to express their wants and needs (eg. 'I like eating bananas')
- Can follow simple one-step directions (eg. 'Go get your toothbrush')
- Can remember a list of 2-4 things to do in a row that I have asked them to do and do it most of the time. (eg. 'Go put your cup on the counter and bring me back your book')
- Can understand stories that we read together and answer questions about the story.

When my child is speaking

- I understand everything they say
- I find it difficult to understand everything they say
- Family and friends understand everything that they say
- Family and friends find it difficult to understand my child

Please list any sounds that your child has difficulty saying _____

My child

- Gets undressed on their own
- Puts on shoes and a coat on their own
- Washes and dries their own hands
- Is able to feed themselves with fingers, fork, and spoon
- Is able to use the washroom on their own

My child

- Is interested in playing with a variety of toys
- Is interested in playing with siblings or other children
- Talks to other children

- Can follow rules in a game
- Demonstrates appropriate reactions to sensory stimulation (does not overly seek, avoid or seem unaware of sensations)
- Transitions smoothly between activities and environments (can move from one activity to another)
- Shows pleasure in new learning
- Exhibits appropriate persistence when performing tasks
- Follows daily routines
- Uses personal space appropriately; does not intrude in space of others
- Manages emotions appropriately with adult support
- Separates from parents willingly (to stay with grandparents, Sunday school, activity classes, etc)
- Will try to new activities

My child

- Holds a crayon and pencil with fingers rather than a fist
- Builds a block tower with 4–5 blocks
- Tries to buckle, button and lace, but may need help
- Draws and colours using arm movements (not yet small hand movements)
- Draws vertical and horizontal lines, a cross and a circle
- Cuts across a paper with scissors

My child

- Has had their vision tested
- Has had their hearing tested
- Has been seen by a speech language pathologist, occupational therapist or other professional. If so, please comment

Languages

- We speak English at home
- We speak _____ in our home and my child knows some English
- We speak _____ in our home and my child has had very little exposure to English

Do you have any specific concerns about your child's development?

Parent Printed Name

Parent Signature

Please return this form to jschmeiser@mysolidfoundations.com along with the consent form to allow the team at Foot Alliance to observe/screen your child in the fall.

Thank -you for your help to get to know your child.
Janet Schmeiser
Director of Early Intervention Services
Foothills Alliance Preschool and Kindergarten