

2020-2021 4K Child Development Questionnaire

Child's Name _____

Self Help:

Children in 4K are expected to take care of all parts of the toileting routine independently. This includes taking care of clothing for toileting (pants up/down), attempting fasteners, wiping, washing / drying hands, and seeking out help if they need it.

Is your child able to complete these steps independently? Yes No (if no, please work on these skills over the summer)

If no, please explain: _____

Food and Allergies

Does your child have any food allergies or restrictions if so what are they? _____

Are there any food restrictions related to your religion that you would like us to be aware of? _____

Developmental:

Has your child ever received special education services? Yes No (Birth to Three, Special Education, Speech/Occupational/Physical Therapy)

If yes, where did/does your child receive services? _____ Dates of services are _____ to _____

What are some of your child's favorite play activities? _____

Is your child able to maintain interest in one specific, non-play, activity for 10 minutes (excluding TV watching)?

(Coloring, letters, listening to stories) Yes No

Is your child able to name? Colors Yes No Shapes Yes No

How high can your child count without your help? _____

Language:

Is English your child's primary Language? Yes No

Is there another language spoken at home? Yes No What Language? _____

Does your child speak another language? Yes No Are they fluent in this language? Yes No

Speech and Language Development:

Do you have difficulty understanding your child's speech? Yes No

Do others have difficulty understanding your child's speech? Yes No

If you checked 'yes', please explain: _____

Can your child say the following sounds: p, m, n, w, h, b, g (as in girl), k, f, d, t, y (as in yellow): Yes No

If not, please list which of the above listed sounds your child cannot say: _____

Does your child respond appropriately to questions? Yes No (Example: Where are your shoes? What are you doing?)

Does your child speak in sentences? (up to at least 6 words in a row) Yes No

Can you carry on a short conversation with your child? Yes No

How does your child communicate frustrations?

(Example: use words, screams, hits, cries)

Is your child able to use age-appropriate grammar?

Gender-specific pronouns (he/she, his/hers) Yes No

Plurals: Does your child use the plural 's' (Example: one boy, three boys) Yes No

Does your child follow 1-step (Bring me a cup.) and 2-step (Go get your shoes and give them to dad.) directions? Yes No

If not, please explain: _____

Please list some of your child's strengths:

Please list any concerns you may have for your child (i.e. behavioral, learning etc.):