

2020-2021 5K Child Development Questionnaire

Child's Name _____

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 Service: _____ to _____

Did your child attend a 4K program outside other than Oak Creek? Yes No If yes, where: _____

Has your child attended a structured daycare or preschool? Yes No If yes, where: _____

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, not including watching television or IPAD games? (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? _____

Can your child identify numbers? No YES: 1-5 1-10 1-20

Can your child write their name? Yes No

Can your child name the letters of the alphabet out of order? No Some All

Can your child give the sound that letters make? No Some All

Food and Allergies

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

Are there any food restrictions or special diet needs that you would like us to be aware of? _____

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 other people have difficulty understanding your child's speech? Yes No

If you checked yes for either question, please explain: _____

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

Does your child speak in sentences? Yes No

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

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: _____