

Preschool or Kindergarten Questionnaire
Sohail Khattak MD. FRCP(C) ADHD Clinic
Phone: (905) 666-4400 Fax: (905) 668-2881

Thank you for taking the time to complete this survey. It will help us to learn about your child's health so that we will be better able to care for your child. Please fill in the information in the spaces given here, or place a check mark in the boxes that are next to the correct information.

Please return the questionnaire to the child's parent.

Child's Name: _____ Birth Date: _____

Parent or Guardian's Name: _____

Address: _____

Postal Code: _____

Telephone: _____

Name of School or Daycare: _____

Phone: _____ Fax: _____

Address of School: _____

Postal Code: _____

Questionnaire Completed By: _____ Date: _____

Position: _____

1. When was this child enrolled in this school or day care program? _____

2. What type of program is this child enrolled in?

A regular nursery program? Yes No

Size of Program: _____ students

A nursery program with some special needs children? Yes No

Size of Program: _____ students

A daycare: Yes No

Size of Program: _____ students

A half day Kindergarten program? Yes No

Size of program: _____ students

3. Was this referral initiated by the school or daycare? _____

4. Please list any specific concerns or questions you would like help with for this student.

5. What are this child's strengths:

6. What are this child's weaknesses:

7. Describe this child's learning style (e.g. activity level, organization skills, impulsiveness)

8. Which of these resources are available in your school or community and which are this child receiving? Please fill in the appropriate boxes below.

| Type of Service | Name (if known) | Agency | Extent of Involvement |
|---------------------------------------|-----------------|--------|-----------------------|
| Special Education Teacher | | | |
| Special Education Aid | | | |
| Speech and Language Therapy | | | |
| Physiotherapy or Occupational Therapy | | | |
| Psychologist | | | |

| | | | |
|------------------------|--|--|--|
| Counsellor | | | |
| Other (Please specify) | | | |

9. Please rate this child's ability in the following areas.

| Gross Motor Skill | Major Concern | Minor Concern | No Concern | Cannot Judge | Comment |
|--|----------------------|----------------------|-------------------|---------------------|----------------|
| Falls Frequently | | | | | |
| Runs Awkwardly | | | | | |
| Tires Quickly | | | | | |
| Walks on toes | | | | | |
| Has difficulties with ball skills | | | | | |
| Avoids or dislikes the playground and sports | | | | | |
| Is poorly coordinated overall | | | | | |
| Has other problems (please specify) | | | | | |

| Fine Motor Skill | Major Concern | Minor Concern | No Concern | Cannot Judge | Comment |
|-------------------------------------|----------------------|----------------------|-------------------|---------------------|----------------|
| Has problems using a pencil | | | | | |
| Has problems cutting with scissors | | | | | |
| Tires quickly when printing | | | | | |
| Switches Hands | | | | | |
| Has left-right confusion | | | | | |
| Has difficulty with puzzles | | | | | |
| Dislikes colouring and drawing | | | | | |
| Has other problems (please specify) | | | | | |

| Self-Help Skills | Major Concern | Minor Concern | No Concern | Cannot Judge | Comment |
|--|----------------------|----------------------|-------------------|---------------------|----------------|
| Undresses Self | | | | | |
| Dresses Self | | | | | |
| Uses zippers and buttons | | | | | |
| Feeds self (Please specify whether with a fork or a spoon) | | | | | |
| Washes hands and face | | | | | |
| Helps clean up | | | | | |
| Has other problems (please specify) | | | | | |

| Behaviour and Social Skills | Major Concern | Minor Concern | No Concern | Cannot Judge | Comment |
|---------------------------------------|----------------------|----------------------|-------------------|---------------------|----------------|
| Knows how to start play activity | | | | | |
| Knows to take turns | | | | | |
| Abides by the rules and limits set | | | | | |
| Is able to share | | | | | |
| Adjusts to new routines and schedules | | | | | |
| Has appropriate attention span | | | | | |
| Wets or soils self in school | | | | | |
| Rocks or bangs head | | | | | |
| Cries easily | | | | | |
| Destroys others' belongings | | | | | |
| Has other problems (please specify) | | | | | |

| Receptive Language Skills | Major Concern | Minor Concern | No Concern | Cannot Judge | Comment |
|-------------------------------------|----------------------|----------------------|-------------------|---------------------|----------------|
| Follows 1-step commands | | | | | |
| Follows 2-step commands | | | | | |
| Listens in a group | | | | | |
| Listens to stories | | | | | |
| Listens to rhymes and tunes | | | | | |
| Understands everyday conversation | | | | | |
| Has other problems (please specify) | | | | | |

| Expressive Language Skills | Major Concern | Minor Concern | No Concern | Cannot Judge | Comment |
|--|----------------------|----------------------|-------------------|---------------------|----------------|
| Pronounces words clearly | | | | | |
| Speaks in phrases or sentences | | | | | |
| Takes turns in conversation | | | | | |
| Uses language to communicate effectively | | | | | |
| Stutters | | | | | |
| Has other problems (please specify) | | | | | |

| Academic Readiness Skills | Major Concern | Minor Concern | No Concern | Cannot Judge | Comment |
|-------------------------------------|----------------------|----------------------|-------------------|---------------------|----------------|
| Knows sizes and shapes | | | | | |
| Knows colours | | | | | |
| Can name letters | | | | | |
| Counts by rote from 1-10 | | | | | |
| Knows number concepts | | | | | |
| Can recognize and print first name | | | | | |
| Engages in imaginative play | | | | | |
| Has other problems (please specify) | | | | | |

10. Has this child's previously acquired skills deteriorated or been lost in the past year?
Please explain your answer.

Thank you for taking the time to complete this questionnaire.

Please attach copies of this student's latest assessment or progress reports and include any other information that might help us in our assessment of this child.
