

PRE-K & KINDERGARTEN PARENT QUESTIONNAIRE



This form must be completed in your child's first year of Pre-K or Kindergarten with Battle River School Division.

School/Program: _____ Date of Birth (M/D/Y): _____

Completed by: _____ Main Contact Number: _____

FEES

For Pre-K, \$100 is due with registration to secure a placement and will be applied to your yearly fee. Please consult with your school regarding the fee schedule for Pre-K (does not apply for Kindergarten).

Payment Options:

Pay in full by Sept. 1st **or** 10 post-dated cheques (Sept-June) **or** Monthly Pre-Authorized Debit.

Cheques and Pre-Authorized Debit are to be dated for the first of each month.

Has your child previously received Program Unit Funding (PUF)? Yes No

I would like more information about PUF services.

QUESTIONNAIRE

Confirm if your child is or has received services for the following:	
Services	Check <input type="checkbox"/>
Speech and language delays	
Physical disability or impairment	
Significant developmental delays	
Vision impairment	
Hearing impairment	
Severe behavioural difficulties	
Medical concerns	
Mental health concerns	

Has your child recently had a:		
Test/Screening/Medical	Check <input type="checkbox"/>	Date (M/D/Y)
Vision test/screening		
Hearing test/screening		
Medical check-up		
Speech Language assessment		
Occupational Therapy assessment		
Physical Therapy assessment		

BACKGROUND

The following is a brief checklist of items that will suggest if your child is achieving developmental milestones. Complete as best you can in order to help us determine your child's education readiness.

Speech Sound Development	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments
Is your child's speech clear to less familiar listeners? <ul style="list-style-type: none"> • 3 years old – 75% understood • 4 years old – 90% understood 			
Expressive Language (using language)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments
Does your child communicate with words?			
Do your child's sentences sound immature (short in length, words not in the correct order, words omitted, their message is difficult to understand)? You might hear: <ul style="list-style-type: none"> • Him goes home. Them is coming over. Me do it. I need three glass. I saw two catses. He walk here. She eated. He no like that. 			
Does your child have difficulty asking questions?			
Does your child have difficulty naming objects in their environment?			
Does your child repeat words or word parts? (I w-w-want a drink. C-C-Can I have a drink?)			

In an emergency situation, would your child be able to clearly communicate his/her needs to get help?			
Receptive Language (understanding)	Yes ✓	No ✓	Comments
Does your child have difficulty understanding questions?			
Does your child have difficulty following directions (puzzled look, doesn't respond, only does part of instruction)?			
Does your child have difficulty understanding words describing direction or position (below/above, some /a couple, large/small, left/right, first/second/last, under/over)?			
Physical Development	Yes ✓	No ✓	Comments
Does your child walk independently and manage stairs?			
Does your child engage in play involving running, jumping, and climbing?			
Does your child kick a ball with both feet and throw overhand/underhand?			
Does your child hold a pencil correctly? (see pencil grasp visual on last page)			
Does your child show hand preference for tasks like coloring and eating?			
Does your child cut with scissors?			
Does your child feed self independently with utensils?			
Social/Emotional Maturity	Yes ✓	No ✓	Comments
Is your child able to wait somewhat patiently (3-4 minutes) for your help?			
Is your child able to independently entertain him/herself for 10-15 minutes (play alone without technology/TV, using toys)?			
Does your child make eye contact when you or others speak to him/her?			
Is your child able to accept a change in plans?			
Does your child seek to communicate and play with other children and adults?			
Is your child able to share, compromise, turn-take, problem-solve in play with other children?			
Does your child engage in imaginative play?			
Does your child comply with rules, limits, and routines?			
Does your child notice the feelings of others?			
Describe your child's response to stress or being told no (accepting, aggression, crying, ignoring, etc.):			

What strategies does your family use when your child has an outburst or becomes aggressive?

Academic Readiness	Yes ✓	No ✓	Comments
Does your child show interest in learning new things?			
Does your child listen and enjoy stories?			
Does your child draw shapes, a person, some letters and numbers?			
Can your child write his/her first name?			
Does your child recognize basic shapes, colours, numerals 1-5 and some letters?			
Does your child use problem-solving skills at home (what to do when thirsty/hungry/cold – can ask for or get a snack/blanket)?			
Self-Help	Yes ✓	No ✓	Comments
Can your child get coat on/off and hang it up?			
Can your child dress on his/her own, such as button, snap and zip with minimal help?			
Does your child toilet independently without reminders (including wiping bottom and washing hands)?			
Is your child able to clean up toys and projects with minimal prompting and assistance?			
Does your child try to tie his/her shoes?			
Does your child follow simple routines (e.g. bedtime)?			
Medical Considerations	Yes ✓	No ✓	Comments
Has your child shown a sensitivity to touch (noises, heights, movement, light, etc.)?			
Does your child have any medical needs (i.e. allergies, diabetes, etc.)?			
Is your child on medication? If yes, what medication and will this need to be administered during school hours?			

Pencil Grasp

