

Thank you for providing Northlake with this information that will serve as valuable insight regarding your child's development. This information will be used with discretion in determining readiness and academic planning.

Child's Name \_\_\_\_\_ Girl \_\_\_\_ Boy \_\_\_\_

Person Completing Questionnaire: \_\_\_\_\_

*School History*

Name of Preschool child attended and length of time

\_\_\_\_\_

Indicate your child's level of academic and social achievement

*Mastery (4); Basic (3); Approaching Basic (2); Uncertain (1)*

Knows alphabet letters \_\_\_\_\_  
Knows alphabet sounds \_\_\_\_\_  
Knows numbers 1-20 \_\_\_\_\_  
Speaks using sentences \_\_\_\_\_

Handles toilet needs \_\_\_\_\_  
Dresses independently \_\_\_\_\_  
Communicates needs \_\_\_\_\_  
Eats a variety of food \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Accepts limits \_\_\_\_\_  
Follows directions \_\_\_\_\_  
Plays well with others \_\_\_\_\_  
Able to work in a group \_\_\_\_\_  
Able to work alone \_\_\_\_\_  
Has friends \_\_\_\_\_

Coordinated movement \_\_\_\_\_  
Uses pencil/crayons \_\_\_\_\_  
Recognizes name in print \_\_\_\_\_  
Separates from parent \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**How did your child adjust to preschool? What attitude did your child have about school? What does the child say or think about going to Kindergarten?**

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**What would you consider your child's strength?**

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**Where is he/she having difficulty in behaving?**

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**What is something you would like to see your child accomplish in Kindergarten?**

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**Has anyone ever recommended speech service for your child? Do you think your child needs speech services?**

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**Has anyone recommended counseling for your child? Do you think your child needs counseling?**

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**In which public school zone do you reside? Would you know if this is a Title 1 district?**

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