

Smart Start Pre-Prep

Bears, Toucans or Parrots

Parent Questionnaire

Child's Name: _____

Child's Date of Birth: _____

1. What do you enjoy most about your child?

2. What do you find most challenging about your child?

3. What are your child's favorite interests and activities - when alone, with your family, and with friends?

4. What is your child's experience with peer groups (playgroups, classes, daycare, Preschool, siblings)?

5. Does your child take a daily nap?

6. Does your child sleep well at night?

7. With regard to dressing/undressing:

 Able to undress (but may need help with fastenings)
 Able to put on large garments (but may need help with fastenings)
 Able to put on socks
 Can put shoes on correct feet with verbal prompting (does not fasten)
 Can pull up zip
 Can undo/do up large buttons
 Can fasten poppers

8. With regard to personal hygiene:

- Indicates when needing to empty: Bladder Bowels
- Can use toilet/potty with minimum help: Bladder Bowels (not wipe or can wipe)
- Attempts to adjust clothes after toileting
- Washes and dries hands independently: With verbal help With physical help
- Attempts to brush hair
- Attempts to brush teeth
- Can wipe own nose
- Allows adult to wipe nose
- Gets on/off toilet: With help Without help

9. With regard to eating and drinking

- Lifts a cup and drinks from it using both hands or one hand
- Eats using: Fingers, Spoon, Fork and Spoon, Knife and Fork, Chopsticks other _____

10. Can get in/out of car: With help Without help

11. With regard to sleeping:

- Goes to bed and sleeps easily
- Sleeps through the night. If not, describe waking pattern.
- Likes sleep routine e.g. bath, story, bed,
- Can get on/off the bed: With help Without help
- Does your child sleep in any place other than their own bed? If Yes, please describe:

12. With regard to balance and coordination outdoor:

- Insistent on holding adult hand when walking
- Happy to walk without help
- Confident on uneven surfaces
- Manages steps and curbs: With ease With difficulty Needs help
- Is able to walk continuously on a level surface for 10 minutes
- Is able to ride a tricycle: With pedals Without pedals

13. With regard to balance and coordination indoor:

- Walks up stairs: 2 feet to 1 step 1 foot to 1 step
- Walks down stairs: 2 feet to 1 step 1 foot to 1 step
- Jumps off one step both feet together
- Can walk on tiptoes
- Can hop briefly on one leg
- Can balance briefly on one leg
- Climbs on and off furniture without help
- Is able to carry an object while walking
- Squats down to pick up objects

14. Is your child's speech easily understood by those outside the family?

15. Does your child have any fears?

16. How does he/she act in a stressful situation?

17. What sort of behavior do you discipline and how?

18. List the names and ages of siblings:

19. List adults in home and relationship to child:

20. Family pets and names?

21. With regard to Play,:

Does your child usually.....

- Play alone
- Play alongside other children
- Play with other children
- Require adult support
- Engage in pretend play
- Does your child like to scribble or color
- Does your child avoid any play activity at home or out, if yes, please describe

Does your child prefer to play.....

- Lying on their tummy
- Sitting on the floor
- Sitting between their heels
- Standing at a low table/sofa

Ball Skills - Can your child.....

- Stand on one leg and kick a ball without losing balance
- Hold their hand out to catch a ball
- Roll a ball to another

22. Does your child tire easily?

23. What are your goals for your child?

Has your child been evaluated for:

- | | | |
|--|----|----------------|
| <input type="checkbox"/> Vision? | No | Yes, findings: |
| <input type="checkbox"/> Speech? | No | Yes, findings: |
| <input type="checkbox"/> Hearing? | No | Yes, findings: |
| <input type="checkbox"/> Allergies? | No | Yes, findings: |
| <input type="checkbox"/> Sensory integration? | No | Yes, findings: |
| <input type="checkbox"/> Emotional or behavioral concerns? | No | Yes, findings: |
| <input type="checkbox"/> Other medical concerns? | No | Yes, findings: |

Please let us know if s/he has any of these characteristics:

My child:

- Is cautious in new situations/slow to warm up to new people
- Is vocally exuberant (enjoys being loud)
- Is active and energetic
- Displays emotional intensity
- Is sensitive to noises/smells/lights/textures
- Enjoys music
- Enjoys art/drawing
- Enjoys drama/pretend play
- Enjoys building sculptures/Legos/blocks
- Is skilled at large motor activities (ex., sports)
- Is skilled at small motor activities (ex., drawing, writing)

My child would be especially interested in:

- Dinosaurs
- Butterflies & Bugs
- Trains & Airplanes
- Cars & Trucks
- Horses & Farm Animals
- Construction
- Ocean Life
- Cowboys and Cowgirls
- Growing Things
- Pets

Is there any other information you think would be helpful for us to know?

Parent Signature

Date

Parent Signature

Date