

# SHREWSBURY PUBLIC SCHOOLS

## Kindergarten Screening Questionnaire

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of person filling out form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Preschool/Daycare experience

Name of program:

Years attended:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other organized activities your child has participated in:

\_\_\_\_\_

SPS has my permission to screen my child. As part of this screening, I grant SPS permission to contact my child's daycare/preschool program for any necessary information. Yes\_\_\_ No\_\_\_

Contact person/teacher: \_\_\_\_\_

\_\_\_\_\_

signature of parent/guardian

\_\_\_\_\_

date

### Personal/Medical Information

Medical/health history of your child (such as chronic or serious illness, ea infections, hospitalizations, physical access limitations, etc.):

\_\_\_\_\_

\_\_\_\_\_

Medication is/was given for: \_\_\_\_\_

\_\_\_\_\_

What is the child's primary language? <input type="checkbox"/> <i>English</i> <input type="checkbox"/> <i>Other</i> <i>IF OTHER, PLEASE INDICATE LANGUAGE:</i>
If the child's primary language is NOT English, how would you describe this child's comprehension of English? <input type="checkbox"/> <i>No comprehension</i> <input type="checkbox"/> <i>Weak</i> <input type="checkbox"/> <i>Functional</i> <input type="checkbox"/> <i>Comprehends well/Similar to same-age peers</i>
If the child's primary language is NOT English, how would you describe this child's verbal expression in English? <input type="checkbox"/> <i>No English skills at all</i> <input type="checkbox"/> <i>Weak/Speaks a few English words</i> <input type="checkbox"/> <i>Functional/Speaks some English</i> <input type="checkbox"/> <i>Speaks well, similar to same-age peers</i>

### **Social/Emotional Development**

<b>Skill</b>	<b>Always or almost always</b>	<b>Sometimes or partially</b>	<b>Never or almost never</b>
Sticks to one activity for at least 10 minutes (example: listens to a story, colors, etc.)			
Accepts limits without getting upset.			
Plays well with other children (takes turns, shares).			
Stops an activity when asked to do so.			
Over-reacts or has temper tantrums.			
Uses words rather than physical actions to settle conflicts with other children.			
Likes to be with other people.			
Is easily frustrated			
Asks permission to use something that belongs to someone else			
Comforts self with adult guidance (e.g. goes to quiet area when upset, identifies emotion s/he is feeling)			
Engages in symbolic/imaginative play with self or peers (plays house, fire station)			

Engages with books (knows where a book starts, associates print with storyline, pretends to read)			
Appropriately expresses wants and needs verbally			

<b>Area of Development</b>	<b>My child is doing OK</b>	<b>I'm a little worried</b>	<b>I'm very worried</b>
General Development			
Health			
Motor Skills			
Understanding & Thinking Skills			
Language Skills			
Self-help Skills			
Social Skills			
Vision Hearing			

### **Self-Help Development**

<b>Task</b>	<b>Most of the time, with no help</b>	<b>Sometimes, or if I help</b>	<b>No, not yet</b>
Washes and dries hands			
Dresses self completely			
Manages bathroom needs			
Uses utensils to feed self			

### **Overall Development**

Please describe any other specific worries you have about your child: