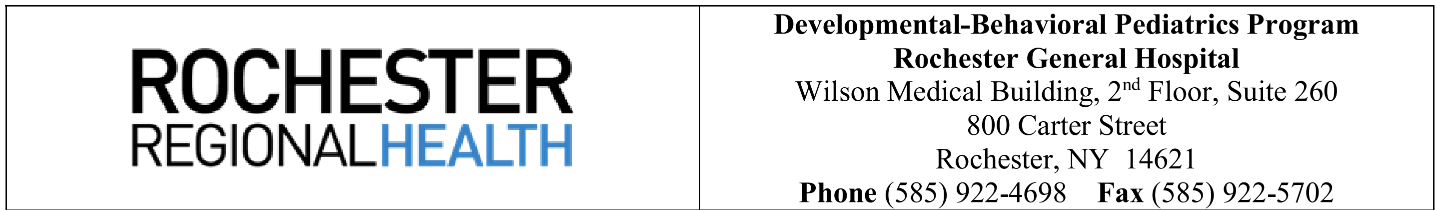
DAYCARE/PRESCHOOL QUESTIONNAIRE


Developmental-Behavioral Pediatrics Program
Rochester General Hospital
Wilson Medical Building, 2nd Floor, Suite 260
800 Carter Street
Rochester, NY 14621
Phone (585) 922-4698 **Fax** (585) 922-5702

Name of Child:	**Today's Date**:		
Date of Birth:	Age:		
Program Name:	School District:		
Program Address:			
Form Completed By:	Position:		
With help from:	Position:		
Contact Person:	Phone Number:	( )	

Please list this child's strengths as you see them:	
1.	
2.	
3.	
Please list your major concerns for this child:	
1.	
2.	
3.	

What modifications, strategies, or approaches have been tried? What were the results?
Please provide a description of structured and unstructured classroom activities:
Please attach:
☐ Reports of individual or group testing that have been performed to assess this child (developmental, psychological, speech/language, OT/PT, social, behavioral assessments, etc…).
☐ If possible, please attach one or more typical samples of this child's work.
☐ If applicable, attach a copy of the child's ☐ **IEP** and/or ☐ **Behavioral Intervention Plan**.

Child's Name:_________________________________ DOB:________________

Please describe the child's current educational program:				
Class size:				
	Program	**Frequency**	**Period of time child has received service**	**Direct Service or Consultation?**
☐	Regular Education Class			Not Applicable
☐	Blended/Integrated Class			
☐	Specialized Class (specify):			
☐	Support Services			
	☐ 1:1 aide			
	☐ Consultant Teacher			
	☐ Counseling			
	☐ Occupational Therapy			
	☐ Physical Therapy			
	☐ Speech/Language Therapy			
	☐ Other (specify):			
☐	Individual Education Plan (IEP)			Not Applicable
☐	Behavior Intervention Plan			

BEHAVIORAL OBSERVATIONS

Please check behaviors that you have observed in this child:			
☐	Difficulty waiting	☐	Strong-willed/persistent
☐	Disorganized/loses belongings	☐	Shuts down
☐	Fails to finish tasks	☐	Temper tantrums
☐	Fidgety or overactive	☐	Wets or soils pants
☐	Forgets what s/he just heard	☐	Anxious/worries
☐	Impulsive/doesn't think before acting	☐	Irritable
☐	Inattentive/easily distracted	☐	Low self-esteem/self-confidence
☐	Inconsistent performance	☐	Often seems fatigued/tired
☐	Loses interest easily	☐	Overly sensitive to touch, noise, light
☐	Aggressive	☐	Slow-to-warm-up/shy
☐	Defiant	☐	Sad/depressed
☐	Discipline not effective	☐	Over-focuses on specific activities
☐	Disruptive	☐	Repetitive behaviors/movement/play
☐	Easily angered or frustrated	☐	Socially isolates/tends to play alone

Child's Name:_________________________________ DOB:________________

Please rate your observations of the child's performance in the following areas:				
	Developmental functions	**Deficient for age**	**Appropriate for age**	**Advanced for age**
Gross Motor	Large muscle strength			
	Overall coordination			
	Running speed & agility			
	Catching/throwing a large ball			
	Jumping, hopping, skipping			
	Learning new motor skills			
Fine Motor	Holding scissors			
	Holding pencil or crayon			
	Tracing & coloring			
	Managing zippers & buttons			
	Manipulating eating utensils			
	Learning new craft skills			
Spatial/Spatial Motor	Distinguishing different sizes & shapes			
	Copying letters or figures			
	Drawing simple shapes			
	Distinguishing similar letters (b-d, etc.)			
	Assembling puzzles			
	Learning to write new letters, numbers, or shapes			
	Learning where to find things			
Expressive Language	Pronouncing words easily			
	Enunciating (articulating) words easily			
	Speaking understandably			
	Speaking in full sentences			
	Using words in the right order			
	Size of spoken vocabulary			
	Verbal participation (willingness to speak)			
Receptive Language & Memory	Following spoken instructions			
	Remembering words to rhymes & songs			
	Showing an interest in stories			
	Understanding of stories			
	Remembering names of letters, numbers, objects			
	Understanding instruction without repetition			
	Learning new words			

Child's Name:________________________________ DOB:________________

Please rate your observations of the child's performance in the following areas (continued):				
	Developmental functions	**Deficient for age**	**Appropriate for age**	**Advanced for age**
Time & Sequence	Understanding time concepts			
	Understanding number concepts			
	Doing things in the right order			
	Using time word correctly (before, after, now, later)			
	Following multi-step directions			
	Remembering routines & schedules			
	Adjusting to new routines & schedules			
Social & Play Skills	Making eye contact			
	Use of nonverbal communication			
	Seeking out others for interaction			
	Ability to play/share with other children			
	Ability to play appropriately with toys			
	Imaginative play skills			

Comments & Observations:

Please return this form to the address or fax number on the first page at your earliest convenience.

THANK YOU FOR YOUR TIME AND EFFORT ON BEHALF OF THIS CHILD.