

**Preschool or Kindergarten Questionnaire**  
**Sohail Khattak MD. FRCP(C) ADHD Clinic**  
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Thank you for taking the time to complete this survey. It will help us learn more about your student's health, and allow us to better care for him/her. Please fill in the information with the space provided, or place a check mark in the boxes for the appropriate answer.

Please return the questionnaire to the child's parent.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of School or Daycare: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address of School: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Questionnaire Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

1. When was this child enrolled in this school or day care program? \_\_\_\_\_

2. What type of program is this child enrolled in?

A regular nursery program? Yes  No

Size of Program: \_\_\_\_\_ students

A nursery program with some special needs children? Yes  No

Size of Program: \_\_\_\_\_ students

A daycare: Yes  No

Size of Program: \_\_\_\_\_ students

A half day Kindergarten program? Yes  No

Size of program or number of students: \_\_\_\_\_

3. Was this referral initiated by the school or daycare? \_\_\_\_\_

4. Please list any specific concerns or questions you would like help with for this student.

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5. What are this child's strengths:

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6. What are this child's weaknesses:

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7. Describe this child's learning style (e.g. activity level, organization skills, impulsiveness)

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8. Which of these resources are available in your school or community and which are this child receiving? Please fill in the appropriate boxes below.

Type of Service	Name (if known)	Agency	Extent of Involvement
Special Education Teacher			
Special Education Aid			
Speech and Language Therapy			
Physiotherapy or Occupational Therapy			
Psychologist			

Counsellor			
Other (Please specify)			

9. Please rate this child's ability in the following areas.

<b>Gross Motor Skill</b>	<b>Major Concern</b>	<b>Minor Concern</b>	<b>No Concern</b>	<b>Cannot Judge</b>	<b>Comment</b>
Falls Frequently					
Runs Awkwardly					
Tires Quickly					
Walks on toes					
Has difficulties with ball skills					
Avoids or dislikes the playground and sports					
Is poorly coordinated overall					
Has other problems (please specify)					

<b>Fine Motor Skill</b>	<b>Major Concern</b>	<b>Minor Concern</b>	<b>No Concern</b>	<b>Cannot Judge</b>	<b>Comment</b>
Has problems using a pencil					
Has problems cutting with scissors					
Tires quickly when printing					
Switches Hands					
Has left-right confusion					
Has difficulty with puzzles					
Dislikes colouring and drawing					
Has other problems (please specify)					

<b>Self-Help Skills</b>	<b>Major Concern</b>	<b>Minor Concern</b>	<b>No Concern</b>	<b>Cannot Judge</b>	<b>Comment</b>
Undresses Self					
Dresses Self					
Uses zippers and buttons					
Feeds self (Please specify whether with a fork or a spoon)					
Washes hands and face					
Helps clean up					
Has other problems (please specify)					

<b>Behaviour and Social Skills</b>	<b>Major Concern</b>	<b>Minor Concern</b>	<b>No Concern</b>	<b>Cannot Judge</b>	<b>Comment</b>
Knows how to start play activity					
Knows to take turns					
Abides by the rules and limits set					
Is able to share					
Adjusts to new routines and schedules					
Has appropriate attention span					
Wets or soils self in school					
Rocks or bangs head					
Cries easily					
Destroys others' belongings					
Has other problems (please specify)					

<b>Receptive Language Skills</b>	<b>Major Concern</b>	<b>Minor Concern</b>	<b>No Concern</b>	<b>Cannot Judge</b>	<b>Comment</b>
Follows 1-step commands					
Follows 2-step commands					
Listens in a group					
Listens to stories					
Listens to rhymes and tunes					
Understands everyday conversation					
Has other problems (please specify)					

<b>Expressive Language Skills</b>	<b>Major Concern</b>	<b>Minor Concern</b>	<b>No Concern</b>	<b>Cannot Judge</b>	<b>Comment</b>
Pronounces words clearly					
Speaks in phrases or sentences					
Takes turns in conversation					
Uses language to communicate effectively					
Stutters					
Has other problems (please specify)					

<b>Academic Readiness Skills</b>	<b>Major Concern</b>	<b>Minor Concern</b>	<b>No Concern</b>	<b>Cannot Judge</b>	<b>Comment</b>
Knows sizes and shapes					
Knows colours					
Can name letters					
Counts by rote from 1-10					
Knows number concepts					
Can recognize and print first name					
Engages in imaginative play					
Has other problems (please specify)					

10. Has this child's previously acquired skills deteriorated or been lost in the past year?  
Please explain your answer.

Thank you for taking the time to complete this questionnaire.

Please attach copies of this student's latest assessment or progress reports and include any other information that might help us in our assessment of this child.

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