TUSD Preschool Questionnaire
Hello Parent(s), please answer the following questions, thoroughly and honestly. All questions must be answered. Your responses will help us determine appropriate placement for your child.

Child’s Name: _______________________________ Date of Birth: ______________________

Academic –
Can your child write their first name?  ○ Yes ○ Not Yet
Please ask child to write their name without help below.

Can your child draw themselves?  ○ Yes ○ Not Yet
Please ask child to draw a picture of themselves without help below.

Does your child sing the alphabet song?  ○ Yes ○ Not Yet

Can your child identify letters in their name? ○ Yes ○ Not Yet
Please point to each of the following letters individually and ask “What is this?” for both capital letters and lower case letters.

Please circle the letters your child can identify without help (note: This is not a skill that they need for entry into the preschool program.)

N M H Q W C U E J G K
D A X O F R T I V L Y Z
P B S

n p y h r b u d a k e v g
i m c o q f t j l w z s x

- Does your child recognize environmental print? For example, store or restaurant sign, etc.
  - Yes  O  Not yet
- Which signs does your child recognize?
- Does your child know their colors?  O  Yes  O  Not yet
- When you point at colors or hold up crayons/markers, what colors can your child correctly name? ______

Does your child know their numbers?  O  Yes  O  Not yet

If Yes, circle the numbers your child can identify.

1 2 3 4 5 6 7 8 9
10

Does your child know their shapes?  O  Yes  O  Not yet

If Yes circle the shapes your child identify.

Can your child independently turn pages of a book one at a time?

Who reads to your child? _____________________________

How many children’s books does your child have? _____________________________

Can your child put together a puzzle with 3 to 4 pieces?  O  Yes  O  Not yet

Additional information: _____________________________
Language-

- What is your child’s primary language? ________________________________
- Can people unfamiliar with your child understand them without asking them to repeat themselves or asking you to repeat what they said?  ○ Yes  ○ Not Yet
- How many words does your child use in a sentence?  ○ 1-2 words  ○ 3-6 words

Additional Information about Speech/Language/Communication: ____________________________________________________________

Development-

- Were there any birth complications? If yes, what was involved________________________________________________________
- At what ages did your child: sit independently ________, crawl ________, walk ________, say their first words ________, begin speaking in sentences ________
- Can your child run?  ○ Yes  ○ Not Yet
- Can your child jump with both feet together?  ○ Yes  ○ Not Yet
- Can your child climb?  ○ Yes  ○ Not Yet
- What time does your child go to sleep? How many hours a night does your child sleep? ________________________________
- Does your child nap daily? For how long? ______________________________________________________________

Is there any additional information about development that you would like to include? _________________________________

Self – Help Skills

Can your child independently (without help)-

- Dress & undress themselves including using buttons/snaps/zippers?  ○ Yes  ○ Not Yet
- Follow 2 to 3 step directions?  ○ Yes  ○ Not Yet
- Ask for what they need using a complete sentence?  ○ Yes  ○ Not Yet
- Have a conversation with another person taking turns talking?  ○ Yes  ○ Not Yet
- State personal information?
  ○ For example, know first/last name, gender, age  ○ Yes  ○ Not Yet
- Use the restroom without help?  ○ Yes  ○ Not Yet
- Serve themselves during meals?  ○ Yes  ○ Not Yet
- Eat with utensils (fork/spoon)?  ○ Yes  ○ Not Yet

Additional information about Self-Help skills: ____________________________________________________________
Social / Emotional –

Can your child-

- Express what they are feeling without throwing objects?  
  - Yes  
  - Not Yet
- Play well with others?  
  - Yes  
  - Not Yet
- Take turns when playing a game?  
  - Yes  
  - Not Yet
- Separate easily from mom and dad?  
  - Yes  
  - Not Yet
- Who does your child play with? (cousins, siblings, kids the same age)
  ____________________________________________

Additional information about Social/Emotional:
  ____________________________________________

Technology -

- How long is your child exposed to screen time weekly?  
  - 30 minutes to 1 hour
  - 2 to 3 hours
  - 5 hours and up

- What is your child’s favorite toy?
  ____________________________________________

What are your child’s favorite activities? Places? People? Games?
  ____________________________________________

How do know when your child is happy/what do they do when they are happy?
  ____________________________________________

What does it look like when your child is frustrated or angry?
  ____________________________________________

What helps them recover from being sad/frustrated/angry?
  ____________________________________________

What other things would you like us to know about your child?
  ____________________________________________
  ____________________________________________
  ____________________________________________
This questionnaire was completed by (print your name) _____________________________ and list your relationship to the child (Mom/Dad/Guardian) _____________________________

Signature _____________________________ Date __________

Best number to reach me/us ( ) _____________ Email _____________________________

Child Find:

What is Child Find?

Child Find has three parts:

- public relations
- the screening process of locating and identifying those children in need of services
- the referral of birth to 3 children to AzEIP

What to watch for...

Children who are showing difficulties with any of the following areas may have a learning challenge. Watch for difficulties with:

- speaking/understanding
- vision
- hearing
- walking/running
- self-help skills
- behavior/social skills
- manipulating small objects/drawing
- cognitions/academic

How to schedule a screening:

- Call (520) 232-7034. An intake will be taken over the phone and an appointment will be scheduled within 45 days. For more information visit our website: http://www.tusd1.org/Departments/Preschool-Programs/Screenings

Resources:

Arizona Department of Education Early Childhood


Centers for Disease Control and Prevention

CDC’s Division of Birth Defects and Infant Disorders, CDC’s Developmental Milestones

Caring for Our Children


TUSD Preschools