

MCGUFFEY FOUNDATION SCHOOL
PRESCHOOL QUESTIONNAIRE, 2011–2012

Student Name: _____ Birth date: _____ / _____ / _____

Parent(s) / Legal Guardian: _____

We can do our best with your child if we have some knowledge about him/her before school starts, and you know your child's behavior better than anyone else. Please feel free to comment on any of the items that you feel are pertinent to your child. Check all that apply.

Approach to new experiences: <input type="checkbox"/> Loves them! Totally fearless <input type="checkbox"/> Prudently cautious, relaxes fairly quickly <input type="checkbox"/> Likes to watch for a long time, slow to participate <input type="checkbox"/> May need considerable help to feel comfortable	Comments:
Independence: <input type="checkbox"/> Dresses self/needs help <input type="checkbox"/> Ties shoes/needs help <input type="checkbox"/> Cleans up after self/needs help <input type="checkbox"/> Needs frequent/periodic feedback from adults <input type="checkbox"/> Very/overly independent–WATCH CAREFULLY	Comments:
Independence: <input type="checkbox"/> Dresses self/needs help <input type="checkbox"/> Ties shoes/needs help <input type="checkbox"/> Cleans up after self/needs help <input type="checkbox"/> Needs frequent/periodic feedback from adults <input type="checkbox"/> Very/overly independent–WATCH CAREFULLY	Comments:
Social style with adults: <input type="checkbox"/> Comfortable with most adults <input type="checkbox"/> Comfortable with known adults <input type="checkbox"/> Takes time to warm up to adults	Comments:
Social style with children: <input type="checkbox"/> Comfortable with younger children <input type="checkbox"/> Comfortable with older children <input type="checkbox"/> Needs adult facilitation with (circle) older / younger children <input type="checkbox"/> Initiates contact with other children <input type="checkbox"/> Responds to initiation by other children <input type="checkbox"/> Needs time to observe before ready to respond	Comments:
Toilet habits: <input type="checkbox"/> Totally self-sufficient <input type="checkbox"/> Occasional accidents <input type="checkbox"/> Needs to be prompted <input type="checkbox"/> Frequent toilet trips normal <input type="checkbox"/> Frequency in times of stress <input type="checkbox"/> Accidents probable—we're sending extra underwear	Comments:
Sleep habits and alertness: <input type="checkbox"/> Sleeps on a regular schedule <input type="checkbox"/> Has trouble falling asleep <input type="checkbox"/> Has trouble waking up <input type="checkbox"/> Still needs a nap. Time of day: <input type="checkbox"/> Is most energetic/happiest during (circle one) morning / afternoon / evening. <input type="checkbox"/> Has lowest point during (circle one) morning / afternoon / evening	Comments:

<p>Eating habits:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Eats almost anything <input type="checkbox"/> Prefers a few known foods <input type="checkbox"/> Is a finicky eater <input type="checkbox"/> Needs to be coaxed to eat 	<p>Comments:</p>
<p>Activity level:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Likes to run <input type="checkbox"/> Likes to jump <input type="checkbox"/> Likes "rough play" <input type="checkbox"/> Avoids strenuous play <input type="checkbox"/> Has difficulty sitting still for short periods <input type="checkbox"/> Is moderately active <input type="checkbox"/> Likes quiet, sedentary activities 	<p>Comments:</p>
<p>Large muscle activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Runs and jumps easily <input type="checkbox"/> Stands on one foot <input type="checkbox"/> Hops on one foot <input type="checkbox"/> Skips <input type="checkbox"/> Rides bike (circle one) with / without training wheels <input type="checkbox"/> Is comfortable with ball activities <input type="checkbox"/> Climbs well <input type="checkbox"/> Is physically conservative, could do more but chooses not to <input type="checkbox"/> Knows physical limits <input type="checkbox"/> Daringly exceeds safe limits—WATCH OUT! 	<p>Comments:</p>
<p>Small muscle activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Uses scissors <input type="checkbox"/> Controls paste/glue <input type="checkbox"/> Draws (circle one) constantly / daily / weekly / rarely / never <input type="checkbox"/> Writes name (circle one) capitals and/or lower case <input type="checkbox"/> Writes a few letters <input type="checkbox"/> Writes most letters <input type="checkbox"/> Colors well <input type="checkbox"/> Ties shoes 	<p>Comments:</p>
<p>Comfort items:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blanket <input type="checkbox"/> Toy <input type="checkbox"/> Thumb <input type="checkbox"/> Pacifier <input type="checkbox"/> Other (please describe) 	<p>Comments:</p>
<p>Does your child have any allergies or food restrictions?:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Food allergies <input type="checkbox"/> Seasonal allergies <input type="checkbox"/> Other allergies <input type="checkbox"/> Food restrictions (e.g. vegetarian, gluten-free) <input type="checkbox"/> Other, (please provide explanation) 	
<p>What else you would like us to know about your child? (You may provide more detail on additional pages.)</p>	