



Parent Questionnaire for a Preschool or Kindergarten Age Child

Department of Special Education and Student Services
HOWARD COUNTY PUBLIC SCHOOL SYSTEM
Ellicott City, MD 21042

Please return this form to _____ by _____.
(Date)

Family members provide important information that assists the school team in understanding the child's developmental needs. Fill out the form as completely as possible; however, you have the right to not respond to any item you believe may invade your privacy. If you are unable to recall or supply some of the information requested, note that on the form. If you would like help in completing this questionnaire or if you have any questions, call the Child Find program at 410-313-7046.

Child's Name _____
First Middle Last Nickname

Date of Birth ____/____/____ Age ____ Grade: Preschool Kindergarten

If not previously reported at the time of intake, report your child's:

Student ID Number _____ Medical Assistance Number _____

FAMILY INFORMATION

Household Members	Relationship	Age	Education (Highest grade completed)	Occupation (If appropriate)

Briefly list special problems of other family members or relatives:

Is English the usual language spoken at home? Yes No If No, other language: _____

FAMILY CONCERNS, PRIORITIES, AND RESOURCES RELATED TO THE CHILD'S DEVELOPMENT

I would like my child to learn or get better at:

Our family has tried to help our child by:

I would like help with:

The most challenging aspect of raising my child is:

I use the following individuals or agencies as a support or resource:



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PREGNANCY AND BIRTH

Describe any serious health problems the mother experienced during the pregnancy.

In what month(s) of the pregnancy did these problems occur? _____

Birth weight _____ Apgar Scores (if known) _____

Did any of the following occur during the birth process?

- Premature
- Transfusion
- Caesarian section
- Fetal distress
- Breech birth
- Prolonged labor
- Breathing problem
- Blood Incompatibility (RH factor+)

Did your child have any other birth problems or require special care after birth?

MEDICAL HISTORY

Check below any illnesses or problems that your child has had:

- Allergies
- Ear problems
- Heart disease
- Serious accident or injuries
- Asthma
- Epilepsy, seizures
- Hepatitis
- Sickle cell anemia
- Attention deficit hyperactivity disorder
- Eye problems
- Lead poisoning
- Speech problems
- Cerebral Palsy
- Food Allergies
- Meningitis/encephalitis
- Temperatures above 104°
- Diabetes
- Frequent colds or sore throats
- Operations
- Tuberculosis
- Dietary problems
- Headaches
- Physical problem
- Other: _____
- Reactions to immunizations

Describe any of the problems checked above.

List any diagnoses your child has been given.

Describe any serious accidents, illnesses, hospitalizations, or surgeries.

Type	Date	Child's Age	Doctor/Surgeon

Is your child under doctor's treatment or taking medication at the present time? Yes No If yes, describe. Include times medication is given.



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List your child’s pediatrician and other specialists who have seen your child, for example, physical or occupational therapist, speech-language pathologist, audiologist or hearing specialist, community health nurse, psychologist, or psychiatrist.

Name	Address	Phone	Concern

Does your child require medical or health services during the school day? Yes No If yes, describe equipment needed, procedures to be followed, etc.?

Are there any physical activity restrictions associated with medical problems? Yes No If yes, explain.

DEVELOPMENTAL INFORMATION

Complete the enclosed *Ages and Stages Questionnaire*, which will provide the team with information about your child’s communication, gross motor, fine motor, problem solving, and personal-social development.

SOCIAL-EMOTIONAL AND BEHAVIORAL CHARACTERISTICS

Does your child have specific concerns? If so, describe.

I encourage my child’s acceptable behavior by

I deal with unacceptable behavior by

Check any of the statements that describe your child:

Is happy	Is friendly
Seems to understand questions or directions	Plays well with other children
Seldom follows directions	Is creative or imaginative
Enjoys listening to stories	Has short attention span
Has difficulty expressing thoughts and ideas	Is impulsive
Is frequently irritable	Has difficulty with changes in routine
Has nightmares	Maintains interest in activity
Daydreams/Has fantasies	Has difficulty completing jobs and activities
Is easily frustrated	Is overactive
Has temper tantrums	Is underactive
Is destructive	Is motivated
Is self-confident	Is stubborn
Bites nails	Shows sudden changes in mood
Sucks thumb	Has difficulty making and keeping friends
Is cooperative	Is shy or withdrawn
Shows aggression toward others	Has unreasonable fears
Is not always truthful	Spends a lot of time alone
Is overreactive to sensory experiences (touch, movement, vision, sound, taste, smell)	Has poor eye contact with others
Is under-reactive to sensory experiences	Makes repetitive motor movements (jumping, spinning, hand flapping)



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Comment on any behaviors that particularly concern you.

LEARNING STYLE, MOTIVATORS, AND REINFORCERS

My child learns best when

My child enjoys or is interested in

My child does not like or avoids

FUNCTIONAL SKILLS/DAILY ROUTINE

A typical day with my child includes:
(Give information about the morning routine, daycare, preschool, meals, evening routine, etc.)

During the daily routine, my child needs help with

My child is is not toilet trained.

ADDITIONAL INFORMATION

List any private Evaluation Reports which you will provide to the school and attach the reports.

Type of Evaluation	Date of Evaluation	Name of Evaluator



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Is there anything else you would like to tell us about your child?

I give my permission for the school team to use the information provided on this form to assist in identifying my child's educational needs. I understand that this information will be kept confidential and cannot be read by anyone other than Howard County Public School officials who have a legitimate educational interest. I am also aware that this information may not be sent to anyone outside of the Howard County Public School System without my permission, and that I may request that this information be removed from my child's folder if it is inaccurate, misleading, or otherwise in violation of the privacy or other rights of my child. I am also aware that I may request a copy of this completed form for my own records.

Name of Person Completing This Form

Relationship to Child

Signature

Date

Signature of Recorder
(When appropriate)

Date