



# FHPS Preschool Questionnaire

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

Name of Preschool: \_\_\_\_\_ Preschool Teacher's Name: \_\_\_\_\_

Preschool phone number: \_\_\_\_\_

How long & often the child attended preschool: \_\_\_\_\_

*To assist us with planning for students entering kindergarten, please have your child's preschool teacher fill out the following form. Please return it to your child's elementary school with your enrollment information.*

Please choose **one** phrase from each grouping that best describes the child at this time.

Verbally expresses needs and feelings Verbally expresses needs and feelings with support
Is able to take turns, share and wait for a turn Needs support to take turns, share and wait for a turn
Separates easily from parent without becoming upset Needs support to separate from parent
Generally plays with other children Plays alone most of the time
Uses bathroom, wipes, and washes hands independently Needs support to use the bathroom, wipe and wash hands
Gets dressed with minimal help Needs support to get dressed
Willing to try new things Reluctant to try new things
Completes most tasks when requested Completes tasks when requested with support
Active Highly active

Additional comments:

Preschool teacher's signature: \_\_\_\_\_ Today's date: \_\_\_\_\_