

Smart Start Pre-Prep

Bears, Toucans or Parrots

Parent Questionnaire

Child's Name: _____

1. What do you enjoy most about your child?

2. What do you find most challenging about your child?

3. What are your child's favorite interests and activities - when alone, with your family, and with friends?

4. What is your child's experience with peer groups (playgroups, classes, daycare, Preschool, siblings)?

5. Does your child take a daily nap?

6. Does your child sleep well at night?

7. With regard to dressing/undressing:
 - _____ Able to undress (but may need help with fastenings)
 - _____ Able to put on large garments (but may need help with fastenings)
 - _____ Able to put on socks
 - _____ Can put shoes on correct feet with verbal prompting (does not fasten)
 - _____ Can pull up zip
 - _____ Can undo/do up large buttons
 - _____ Can fasten poppers

8. With regard to personal hygiene:

- Indicates when needing to empty: Bladder Bowels
- Can use toilet/potty with minimum help: Bladder Bowels (not wipe or can wipe)
- Attempts to adjust clothes after toileting
- Washes and dries hands independently: With verbal help With physical help
- Attempts to brush hair
- Attempts to brush teeth
- Can wipe own nose
- Allows adult to wipe nose
- Gets on/off toilet: With help Without help

9. With regard to eating and drinking

- Lifts a cup and drinks from it using both hands or one hand
- Eats using: Fingers, Spoon, Fork and Spoon, Knife and Fork, Chopsticks other _____

10. Can get in/out of car: With help Without help

11. With regard to sleeping:

- Goes to bed and sleeps easily
- Sleeps through the night. If not, describe waking pattern.
- Likes sleep routine e.g. bath, story, bed,
- Can get on/off the bed: With help Without help
- Does your child sleep in any place other than their own bed? If Yes, please describe:

12. With regard to balance and coordination outdoor:

- Insistent on holding adult hand when walking
- Happy to walk without help
- Confident on uneven surfaces
- Manages steps and curbs: With ease With difficulty Needs help
- Is able to walk continuously on a level surface for 10 minutes
- Is able to ride a tricycle: With pedals Without pedals

13. With regard to balance and coordination indoor:

- Walks up stairs: 2 feet to 1 step 1 foot to 1 step
- Walks down stairs: 2 feet to 1 step 1 foot to 1 step
- Jumps off one step both feet together
- Can walk on tiptoes
- Can hop briefly on one leg
- Can balance briefly on one leg
- Climbs on and off furniture without help
- Is able to carry an object while walking
- Squats down to pick up objects

14. Is your child's speech easily understood by those outside the family?

15. Does your child have any fears?

16. How does he/she act in a stressful situation?

17. What sort of behavior do you discipline and how?

18. List the names and ages of siblings:

19. List adults in home and relationship to child:

20. Family pets and names?

21. With regard to Play,:

Does your child usually.....

- Play alone
- Play alongside other children
- Play with other children
- Require adult support
- Engage in pretend play
- Does your child like to scribble or color
- Does your child avoid any play activity at home or out, if yes, please describe

Does your child prefer to play.....

- Lying on their tummy
- Sitting on the floor
- Sitting between their heels
- Standing at a low table/sofa

Ball Skills - Can your child.....

- Stand on one leg and kick a ball without losing balance
- Hold their hand out to catch a ball
- Roll a ball to another

22. Does your child tire easily?

23. What are your goals for your child?

Has your child been evaluated for:

- | | | |
|--|----|----------------|
| <input type="checkbox"/> Vision? | No | Yes, findings: |
| <input type="checkbox"/> Speech? | No | Yes, findings: |
| <input type="checkbox"/> Hearing? | No | Yes, findings: |
| <input type="checkbox"/> Allergies? | No | Yes, findings: |
| <input type="checkbox"/> Sensory integration? | No | Yes, findings: |
| <input type="checkbox"/> Emotional or behavioral concerns? | No | Yes, findings: |
| <input type="checkbox"/> Other medical concerns? | No | Yes, findings: |

Please let us know if s/he has any of these characteristics:

My child:

- Is cautious in new situations/slow to warm up to new people
- Is vocally exuberant (enjoys being loud)
- Is active and energetic
- Displays emotional intensity
- Is sensitive to noises/smells/lights/textures
- Enjoys music
- Enjoys art/drawing
- Enjoys drama/pretend play
- Enjoys building sculptures/Legos/blocks
- Is skilled at large motor activities (ex., sports)
- Is skilled at small motor activities (ex., drawing, writing)

