



Portland Nursery School

Registration Form - Questionnaire

Child's Name _____ Date _____

Describe your child: Please check the answer which best describes your child as he or she is right now. Except as indicated, only *one choice* should be checked. If you feel strongly that two answers are appropriate, check both and place a *double check* by the one which characterizes your child most of the time. This is just background information to help your child's teacher.

A. How does your child play with other children?

- Has lots of friends
- Prefers one or two others
- Plays mainly with brothers and sisters
- Prefers to play alone

B. What does your child like to play?

- Prefers outdoor activities
- Prefers indoor activities
- Likes both equally

In outdoor activities:

- Prefers running, swinging, etc. by self
- Prefers playing with a group of children

In quiet activities:

- Prefers to play cars, trucks, or dolls by self
- Prefers playing with a group of children

C. When your child plays:

- Needs someone present much of the time or gets into trouble
- Occupies self by finding and doing own activity
- Gets bored easily in any one activity
- Spends little time in any one activity
- Needs a lot of things to keep occupied

D. When playing with puzzles or construction toys:

- Enjoys 6-8 piece puzzles and building blocks (houses, garages, roads) tinker toys or similar construction toys
- Won't play with these toys unless you sit and help
- Doesn't like this kind of toy
- Easily bored with this kind of toy

E. In using a pencil:

- Can write name or part of it
- Enjoys pretending writing activities
- Draws recognizable pictures
- Mostly scribbles
- Isn't interested in writing or drawing
- Can't draw pictures unless you help

- F. In using crayons:
 Colors within the lines
 Likes to color but has trouble staying in lines
 Mostly scribbles
 Colors on wall
 Isn't interested in coloring

- G. In using scissors:
 Can use scissors with supervision
 Isn't interested in using scissors
 I don't let this child use scissors

- H. What hand does child use?
 Left
 Right
 Both

Hearing

- A. Any hearing difficulty?
 No
 Yes
If yes, describe _____
- B. Was hearing ever tested?
 No
 Yes
When _____
Where _____
Results _____
- C. Ear Infections:
 No
 Yes
 Infrequent (2-3 per year)
 Frequent (4 or more)
 Prolonged (10 days - 2 weeks)

Vision

- A. Any visual problems? Check as appropriate:
 Child often misinterprets what's looked at
 Can't see far away
 I question whether child sees well
- B. Was vision ever tested?
 No
 Yes
When _____
Where _____
Results _____
- C. Does your child wear glasses?
 No
 Yes

Other concerns

- A. Serious Illness
 No
 Yes
If yes, what? _____

** Please see teacher for additional Medical Plan of Action form, if applicable

B. Was your child hospitalized?

No

Yes

If yes, how long (days)? _____

At what age? _____

Where? _____

Why? _____

Present Difficulties - Check if appropriate.

Overactive

Eye blinking

Short attention span

Mood Swings

Head rocking

Head banging

Nail biting

Always hurts self

Unexplained temper tantrums

Sleep habits

Hardly sleeps

Never naps

Up often

Sleeps restlessly

Frequent nightmares

Any family history of medical difficulties?

Specify: _____

When talking:

A. Speaks clearly most of the time

Has some difficulty making self understood

Hard to understand, especially by those outside the family

B. Sentences

Talks in long sentences and paragraphs

Uses mostly 2-3 word sentences

Uses mostly single words

C. Tells story about event at school, in play, etc.:

Can relate a simple event using several sentences and ideas

Gives general idea but can't give lots of details

Sometimes gets the time or event confused

Can't seem to tell about the event that happened

D. When listening: (for example, if willing, can you send your child to find two things not in usual place from verbal descriptions?)

their

Easily understands what is said

Sometimes unsure or confused

Needs things repeated

Only follows short directions or parts of long ones

E. Does your child misinterpret what is said?

Never

Sometimes

___ Often

Behavior

A. Describe your child. Is your child?

- ___ Friendly
- ___ Shy
- ___ Cooperative
- ___ Independent
- ___ Stubborn
- ___ Difficult to handle

B. Is your child?

- ___ Overactive
- ___ Quiet
- ___ Half - half
- ___ All boy

C. Does your child get?

- ___ Angry easily
- ___ Easily upset
- ___ Extremely quiet
- ___ Very easy going and unruffled
- ___ Independent and likes own way

D. Is you child fearful of new situations or strangers?

- ___ No
- ___ Yes

E. Can your child be left with sitters?

- ___ No
- ___ Yes