

EARLY ENTRANCE PARENT QUESTIONNAIRE

Child's Name _____ Age _____ Birthdate _____

Parent/Guardian Name _____ Date _____

Email Address _____ Phone _____

Please read each statement and indicate your child's abilities as listed below by checking the appropriate column and answer the questions on the next page.

	Often	Sometimes	Never
Physical Well-Being and Motor Development			
<i>Performs self-help tasks independently (dressing, zipping, tying)</i>			
<i>Uses eye/hand coordination to perform fine motor tasks (drawing, writing, cutting)</i>			
<i>Uses balance and control to perform large motor tasks (walking, jumping, skipping)</i>			
Personal and Social Development			
<i>Shows eagerness to learn</i>			
<i>Follows rules and routines</i>			
<i>Handles change and transition</i>			
<i>Interacts easily with one or more children</i>			
<i>Follows two and three step directions</i>			
Language and Literacy			
<i>Listens for meaning in stories, discussions, and conversations</i>			
<i>Speaks clearly to share ideas and thoughts</i>			
<i>Identifies letters</i>			
<i>Identifies beginning sounds in words</i>			
<i>Writes name</i>			
<i>Knows birthday, address, and/or parent phone number</i>			
<i>Understands positional and directional concepts (up, down, under, over)</i>			
Mathematical thinking			
<i>Recognizes numbers 0 – 20</i>			
<i>Counts to 30</i>			
<i>Counts while pointing to individual objects</i>			
<i>Recognizes and draws shapes</i>			

