


Young Fives Program

GETTING TO KNOW YOUR CHILD: PARENT INPUT

Child's Name: _____

Parent/Legal Guardian's Name: _____ Phone: _____

Please check one phrase from each row across that best describes your child at this time:

1. <input type="checkbox"/> Separates easily from parent	1. <input type="checkbox"/> Needs time to separate		
2. <input type="checkbox"/> Chooses activities independently	2. <input type="checkbox"/> Needs direction in making choices		
3. <input type="checkbox"/> Completes most tasks as asked	3. <input type="checkbox"/> Has trouble completing tasks		
4. <input type="checkbox"/> Enjoys creating with crayons, markers, etc.	4. <input type="checkbox"/> Shows little or no interest in drawing.		
5. <input type="checkbox"/> Listens appropriately to stories, conversations, etc.	5. <input type="checkbox"/> Needs refocusing to follow along		
6. <input type="checkbox"/> Speaks clearly—easily understood by others	6. <input type="checkbox"/> Speech is often misunderstood by others		
7. <input type="checkbox"/> Easily follows directions	7. <input type="checkbox"/> Benefits from frequent redirection		
8. <input type="checkbox"/> Generally plays nicely with other children	8. <input type="checkbox"/> Prefers to watch other children play		8. <input type="checkbox"/> Plays alone most of the time
9. <input type="checkbox"/> Comfortable with children of same age	9. <input type="checkbox"/> Prefers younger playmates		9. <input type="checkbox"/> Prefers older playmates
10. <input type="checkbox"/> Average activity level	10. <input type="checkbox"/> Very active		10. <input type="checkbox"/> Very passive/inactive

➤ **Is your child looking forward to school?** Yes No

➤ **Has your child attended any of the following?**

- Preschool? Yes No If yes, where? _____ Days/Hrs. per week: _____
- Daycare? Yes No If yes, where? _____
- Church School? Yes No If yes, where? _____
- Other Group Setting: _____

➤ **Does your child enjoy?**

Games & Puzzles? Yes No

Looking at Books? Yes No

Listening to Stories? Yes No

Watching TV? Yes No

➤ **Has your child used?**

Paper & Pencil? No A Little A lot

Scissors? No A Little A lot

Crayons? No A Little A lot

Paints? No A Little A lot

Play Dough/Clay? No A Little A lot

Glue/Paste? No A Little A lot

➤ **I would like to discuss Young Fives & Kindergarten readiness so I am better informed.** Yes No

Please feel free to write additional comments on the back of this form. We appreciate your helpful input. Thank you!