

**PARENT / CARER'S QUESTIONNAIRE  
FOR ENTRY INTO KINDERGARTEN LEVEL L.D.C. PLACEMENT 2018**

\*\* Please complete this form with your Speech Pathologist. \*\*

CHILD'S NAME: \_\_\_\_\_

DAYCARE: \_\_\_\_\_

PARENT/CARER: \_\_\_\_\_

PARENT/CARER'S CONTACT NO.: \_\_\_\_\_

PARENT/CARER'S CONTACT DAYS: \_\_\_\_\_

DATE FORM COMPLETED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Please rate the child to the normal expectations of a child of the same age. Tick the box of the rating that best indicates the child's current level of achievement in each of the areas indicated. Please add any relevant comments in the comments box.

INDEPENDENCE SKILLS						
	Always	Mainly	Sometimes	Never	Unable to Comment	Comments
Dresses self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilets self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feeds self without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attempts to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asks or gestures for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
States or indicates when he/she does not understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SENSORY PROCESSING						
	Always	Mainly	Sometimes	Never	Unable to Comment	Comments
Fixates on specific objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hypersensitive (over reacts) to sensory stimuli (visual, auditory, tactile, olfactory, taste & texture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hyposensitive (under reacts) to sensory stimuli (visual, auditory, tactile, olfactory, taste & texture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SOCIAL / EMOTIONAL DEVELOPMENT**

	<b>Always</b>	<b>Mainly</b>	<b>Sometimes</b>	<b>Never</b>	<b>Unable to Comment</b>	<b>Comments</b>
Joins in rituals of social interaction e.g. saying hello, goodbye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is confident and self assured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appears overly anxious or worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can separate from parents without excessive prolonged crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accepts adult direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds appropriately to praise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a sense of right and wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accepts changes in an activity or routine without undue stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses eye contact appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can take turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses facial expressions appropriately to demonstrate feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tends to have a blank expression, has difficulty showing emotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plays by self, not interested in playing with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mainly plays alongside other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gets frustrated or annoyed if others try and join in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Starting to play cooperatively with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is accepted by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is aggressive towards other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a loner, not disliked by other children but neglected by them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fixates on toys – will only play with ‘favourite’ toy, not interested in other toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Play is rote and repetitive with little flexibility – will play in the same way every time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Play is not symbolic or imaginative e.g. bashes, stacks items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beginning to develop imaginative play e.g. feeds teddy, plays going shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engages in a range of imaginative play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to show concern for the distress of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can initiate conversation on a specific topic of interest centering on own world knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Comments**

Please make comments regarding:

- What can affect the child's anxiety/worry levels if they do present as anxious/worried
- The child's reaction to changes in routine
- Observed gross or fine motor difficulties.
- Physiotherapy or Occupational therapy involvement

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