



# Prekindergarten Teacher Questionnaire

Office of Special Education and Student Services  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last First MI*

Parent/Guardian \_\_\_\_\_ Chronological Age \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State ZIP Code*

School/Day Care of Attendance \_\_\_\_\_

Form completed by \_\_\_\_\_  
*Name Title/Position Date*

Please identify child's strengths and weaknesses:

Please rate the child's level of functioning as compared to other classmates:

	Above Avg.	Avg.	Below Avg.
a. Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Receptive language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Expressive language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Perceptual/cognitive development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Self-help skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Attention/organization/activity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Social/emotional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Health Information

a. Any vision problems? \_\_\_\_\_

b. Any hearing problems? \_\_\_\_\_

c. Any health concerns? \_\_\_\_\_

What interventions have been attempted?

- Note/call to parent
- Parent conference
- Consultation with specialists
- Referral to counselor or social worker
- Previous referral (for screening, etc.)
- Behavior management techniques
- Modifying materials, techniques, and presentations
- Change in grouping

List any previous special or remedial services provided.

Based on your observations, check the statements that best describe this child. Be sure to evaluate the child in comparison to other children of the same chronological age. **Indicate by checking only those behaviors which occur frequently.**

#### GROSS MOTOR SKILLS

- Is awkward/clumsy
- Trips and falls often

Has difficulty with:

- jumping     hopping     skipping
- walking up and down steps
- pedalling a tricycle/big wheel
- throwing     catching

#### FINE MOTOR SKILLS

- Drools
- Reacts adversely to touch
- Immature block building skills
- Difficulty completing puzzles
- Inappropriate crayon/pencil grip
- Poor copy skills:
  - shapes     letters
- Poor control of scissors
- Frequently switches hands for writing or other fine motor tasks
- Does not cross the midline

#### PERCEPTUAL/COGNITIVE SKILLS

Has difficulty:

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| Identifying                         | Naming                              |
| <input type="checkbox"/> body parts | <input type="checkbox"/> body parts |
| <input type="checkbox"/> colors     | <input type="checkbox"/> colors     |
| <input type="checkbox"/> shapes     | <input type="checkbox"/> shapes     |
| <input type="checkbox"/> letters    | <input type="checkbox"/> letters    |
| <input type="checkbox"/> numbers    | <input type="checkbox"/> numbers    |

- Has difficulty sorting/categorizing objects

Has difficulty:

- remembering what is seen
- remembering what is heard
- retaining information over a period of time

Has difficulty with concepts such as:

- counting (child counts to \_\_\_\_)
- matching 1 to 1
- quantitative concepts (more/less)
- time concepts
- prepositional/spatial concepts
- opposites

Has difficulty:

- pointing to/naming pictures
- answering questions about pictures
- putting story cards in sequence
- retelling a story in sequence
- recognizing his own name in print

COMMENTS:

#### RECEPTIVE LANGUAGE SKILLS

Has difficulty with:

- understanding spoken language
- following verbal directions
- responding to/understanding questions
- learning/processing new concepts

#### EXPRESSIVE LANGUAGE SKILLS

Has limited speaking vocabulary, communicates primarily by:

- gestures     single words
- 2-3 word phrases     sentences of 4 words or more

Has difficulty communicating with:

- teachers/adults     peers

Has difficulty expressing:

- wants and needs     word finding difficulties
- thoughts and ideas     poor articulation
- conversational speech is hard to understand
- stutters/dysfluent speech

#### SELF-HELP SKILLS

- Does not use a spoon/fork appropriately

Cannot:  button     zip     snap

- Has difficulty dressing self
- Cannot care for own toilet needs

#### ATTENTION/ORGANIZATION/ACTIVITY LEVEL

- Easily distracted     Overactive     Underactive

Has difficulty:

- beginning a task
- maintaining attention
- with organization
- completing tasks
- with changes in routine

#### SOCIAL/EMOTIONAL

- Lacks motivation
- Lacks self-control
- Easily frustrated
- Sudden changes in mood throughout the day
- Inconsistency in performance
- Needs constant approval
- Interrupts and distracts class
- Unusually aggressive toward others
- Unusually shy or withdrawn
- Does not accept responsibility for own behavior
- Easily influenced by others

Has difficulty:

- interpreting social cues
- making and keeping friends

Primarily engages in:

- solitary play
- parallel play
- cooperative play