

FSA Child Care PRESCHOOL DEVELOPMENTAL SURVEY

Date _____ Room _____

CHILD INFORMATION

Child _____ Birth date _____

Name(s) of adult(s) completing survey _____

Relationship to child _____

PRESCHOOL CHILD CARE HISTORY

Has your child attended preschool/child care before? Yes No

If yes, where? _____

Has your child had the opportunity to play with other children Yes No

If yes, with whom? _____

CHILD'S DEVELOPMENT

CAN YOUR CHILD: wash and dry his/her own hands?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
dress himself/herself	<input type="checkbox"/>		<input type="checkbox"/>	
speak so he/she can be understood by others?	<input type="checkbox"/>		<input type="checkbox"/>	
need help toileting?	<input type="checkbox"/>		<input type="checkbox"/>	
usually take a nap during the day?	<input type="checkbox"/>		<input type="checkbox"/>	
have trouble walking, climbing, reaching or holding on to things?	<input type="checkbox"/>		<input type="checkbox"/>	
listen to stories being read?	<input type="checkbox"/>		<input type="checkbox"/>	
follow simple directions?	<input type="checkbox"/>		<input type="checkbox"/>	

what makes your child feel better when upset? _____

What strengths do you see in your child? _____

We would like to include your child's home life and culture in the classroom. What would you like us to know about your family's culture and favorite activities? _____

What experience would you like your child to have in child care this year? _____

Updated _____ Parent initials _____ Staff initials _____