

3-Year-Old Screening Parent Questionnaire

Dear Parent/Guardian,

Thank you for your interest in the Union Ridge Preschool Program. With more than 20 years of experience, our program is designed to provide students a warm and nurturing environment where they can develop a broad range of social and academic skills.

Union Ridge School receives a substantial amount of funding for our early childhood program from the Illinois Preschool for All Grant. This funding allows us to maintain a program that is completely free of charge for all families. Grant rules require us to screen children and prepare for a child developmental history prior to enrollment.

Our funding is determined by the number of "at risk" students we serve. There are a number of language, economic, and health factors that determine a child's at risk status. These include languages spoken at home, family income, birth weight, speech delays, etc. This information is completely confidential, and will not be shared with any outside agency or persons.

In the event that we have more students than space available, the State of Illinois requires that we select students primarily on at risk factors and developmental information determined during the screening process. Generally speaking, older children (four year olds) also have priority over younger children (three). While there is a waiting list for students not enrolled, student selection is again based on at risk status.

Please feel free to ask one of the teachers, school secretaries, or an administrator if you have any questions.



UNION RIDGE SCHOOL District 86

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Michael G. Maguire
Principal

Julie Mensik
Assistant Principal

Dear Parents,

As one of the requirements for enrollment in a state-funded preschool program, each child needs to undergo a preschool screening. Your child will be screened by the preschool teachers, school nurse, speech-language pathologist, and the parents will be interviewed by the school counselor and asked to fill out forms regarding their family information and information specifically about the child. The goal is that we gain insight into how your child is developing in all areas (cognitive, physical, social-emotional, speech and language, and vision/hearing). We also test to determine whether your child might need further evaluation and possibly qualify for an alternative preschool if there is a delay in one or more areas.

If you have specific concerns regarding your child's development, be certain that you tell the teachers at the screening so that these can be noted and discussed. Feel free to ask questions.

The screening takes about 30 minutes per child. Parents stay outside of the screening room and fill out various state-required forms and questionnaires while their child is being screened. ~~You will be notified in June about whether or not your child qualified for our program.~~ If you need to cancel or reschedule your screening appointment, please call the main office at 708-867-5822. Thank you!

The Early Childhood Team

Your screening date:



DEVELOPMENT CHARACTERISTICS* of THREE-YEAR-OLD CHILDREN

Developmental Areas Characteristics or Milestones

PHYSICAL	Nutrition and growth patterns: Appetites are good at three. Prime time to introduce new foods and increase food selection patterns. Some children may be sensitive to textures of foods. Growth spurt may be experienced during the latter half of 3 year old period.
GROSS MOTOR	<ul style="list-style-type: none"> Runs around obstacles Walks on a line Balances on one foot for 5 to 10 seconds Pushes, pulls, steers wheeled toys Rides tricycle by steering and pedaling Uses slide without assistance Jumps over 15 cm (6") high object, landing on both feet together Throws ball overhead Catches ball bounced to him or her
FINE MOTOR	<ul style="list-style-type: none"> Builds tower of nine small blocks Drives nails and pegs Copies circle Imitates cross Manipulates clay or playdough materials Experiments with using scissors Uses brush to paint at easel Likes to work simple puzzles Assembles bristle block, snap-block structures
COMMUNICATION SKILLS	<p>Receptive Language</p> <ul style="list-style-type: none"> Begins to understand sentences involving time concepts (for example, We are visiting the fire station tomorrow) Understands size comparatives such as big and bigger Understands relationships expressed by "if . . . then" or "because" sentences Carries out a series of two to four related directions Understands when told, Let's pretend <p>Expressive Language</p> <ul style="list-style-type: none"> Talks in sentences of three or more words which take the form noun-action-object (I see the cat) or noun-action-location (Daddy sit on chair) Tells about past experiences Uses "s" on nouns to indicate plural Uses "ed" on verbs to indicate past time (may over-generalize) Refers to self using pronouns I or me Repeats at least one nursery rhyme (T.V. jingle) and can sing a song Speech is understandable to strangers, but there are still some sound errors
COGNITIVE SKILLS	<ul style="list-style-type: none"> Recognizes and matches six colors, visually Intentionally stacks blocks or rings in order of size Draws somewhat recognizable picture that is meaningful to child, if not to adult (Process, not product) Names and briefly explains picture (Tell me about your picture) Asks questions for information (why and how questions requiring simple answers) Knows own age Knows own last name Has short attention span Learns through observing and imitating adults, and by adult's verbal explanations/conversations Has increased understanding of concepts: classification or grouping, functions or processes, part/whole relationships, identify pictures of hand and foot as parts of body) Begins to be aware of past and present; Uses time vocabulary; yesterday, tomorrow, and today
SELF-HELP SKILLS	<ul style="list-style-type: none"> Pours well from small pitcher Spreads soft butter or cream cheese with knife Buttons and unbuttons large buttons Washes hands unassisted Blows nose when reminded
SOCIAL SKILLS	<ul style="list-style-type: none"> Joins in play with other children; begins to interact Shares toys; Takes turns with assistance; Requires guidance in learning how to mediate situations Begins dramatic play, recreating events, situations, etc. Identifies self and others Associates concrete behaviors with jobs or roles people perform Uses kinship terms as labels for categories of people, e.g., boys as brothers, women as mothers, etc. Uses "friend" to reference playmates or others liked at present

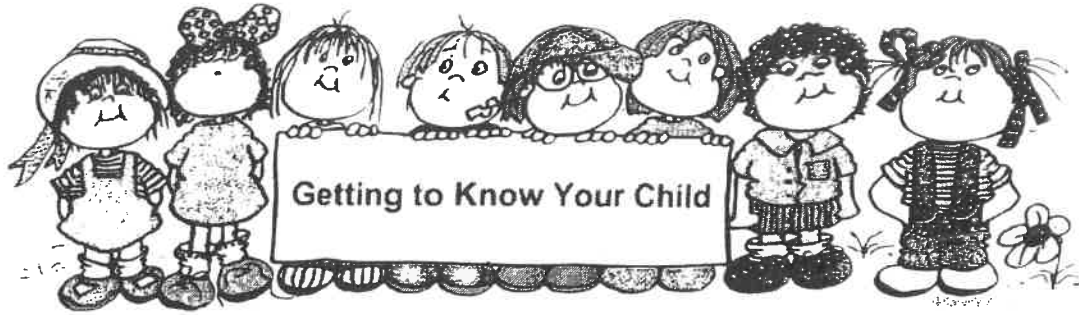
DEVELOPMENT CHARACTERISTICS* of FOUR-YEAR-OLD CHILDREN

Developmental Areas	Characteristics or Milestones
PHYSICAL	Nutrition and growth patterns: Most fours have slow rates of growth and small appetites; they have high energy level.
GROSS MOTOR	<ul style="list-style-type: none"> Walks backward toe-heel Jumps forward 10 times without falling Gallops inefficiently; Skips with one-footed cycle Walks up and down stairs alone, alternating feet Turns somersault Throws ball overhand Catches ball bounced to him or her
FINE MOTOR	<ul style="list-style-type: none"> Cuts on line continuously Copies circle, cross, laboriously reproduces squares and may attempt triangles Prints few upper case letters Graphic forms appear in combination of two or more Guide pictures appear (house, human form, sun) Folds and creases paper horizontally, vertically, and diagonally as demonstrated by an adult Fingerpaints with broad movements of fingers, hands, and arms
COMMUNICATION SKILLS	<p>Receptive Language</p> <ul style="list-style-type: none"> Follows three unrelated commands in proper order Understands comparatives like pretty, prettier, and prettiest Listens to long stories but often misinterprets the facts Incorporates verbal directions into play activities Understands sequencing of events when told <p>Expressive Language</p> <ul style="list-style-type: none"> Asks when, how, and why questions Uses modals like can, will, shall, should, and might Joins sentences together (I like hamburger and I like fries) Talks about causality by using because and so Tells the content of a story but may confuse the facts Much interest in nonsense language and shyness Likes big words and new vocabulary
COGNITIVE SKILLS	<ul style="list-style-type: none"> Plays with words; creates own rhyming words; says or makes up words having similar sounds Points to and names four to six colors Matches pictures of familiar objects (for example, shoe, sock, foot, apple, orange, banana) Draws a person with two to six recognizable parts, such as head, arms, legs Can name or match drawn parts to own body Draws, names, and describes recognizable picture Recite counts from 1-10, imitating adults Has more extended attention span Learns through observing and listening to adults as well as through exploration; is easily distracted Has increased understanding of concepts of function, time, part/whole relationships; Function or use of objects may be stated in addition to names of objects. Time concepts are expanding; The child can talk about yesterday or last week
SELF-HELP SKILLS	<ul style="list-style-type: none"> Pours well from small pitcher Cuts easy foods with table knife Buttons, zips, snaps Dresses and undresses self Laces shoes, but cannot tie bows Exhibits independent toilet skills Washes and dries hands Blows nose when reminded Feeds self
SOCIAL SKILLS	<ul style="list-style-type: none"> Plays and interacts with others Dramatic play is closer to reality, with attention paid to detail, time, and space Shows interest in exploring sex differences

DEVELOPMENT CHARACTERISTICS* of FIVE-YEAR-OLD CHILDREN

Developmental Areas Characteristics or Milestones

PHYSICAL	<p>Appetite improves, food selection patterns and eating habits defined</p> <p>Physical activity seems to be in balance</p>
GROSS MOTOR	<p>Runs with ease; can run lightly on toes</p> <p>Hops easily as much as six feet on each foot</p> <p>Touches toes</p> <p>Skips on alternate feet</p> <p>Jumps a dowel held ten inches from the ground</p> <p>Walks forward on balance beam; may begin reversal on beam</p> <p>Runs and kicks moving ball</p> <p>Begins pumping swing and working on the monkey bars</p> <p>Catches large ball in two hands when thrown underhand; uses hands more than arms in catching a ball</p> <p>Throws ball overhead</p>
FINE MOTOR	<p>Shows definite hand preference (Individual differences observable)</p> <p>Draws a six or seven part person</p> <p>Prints first and last or some of letters in last name</p> <p>Learns to tie bows or shoe laces</p> <p>Cuts simple shapes (square, triangle, circle)</p> <p>Prints numerals; copies 1-5</p> <p>Completes an eight piece puzzle</p> <p>Copies circle, square, triangle, cross, V, and H</p> <p>Traces diamond</p> <p>Begins to color within lines</p> <p>Refinement of pencil grasp</p> <p>Pastes and glues appropriately</p> <p>Uses scissors in open and close motion; cuts in snips and can follow heavy line (ego-building)</p>
COMMUNICATION SKILLS	<p>Receptive Language Can take turns in conversation</p> <p> Gives and receives information</p> <p> Communicates well with family, friends, and new people</p> <p>Expressive Language Working on such things as subject-verb agreement and some irregular past tense verbs</p> <p> Enjoys dictation, seeing words in print</p> <p> Interest in sound-letter correspondence</p> <p> Aware of beginning consonant sounds</p>
COGNITIVE SKILLS	<p>Retells story from picture book with reasonable accuracy</p> <p>Names some letters and numerals</p> <p>Rote counts to 10 (individual)</p> <p>Sorts objects by single characteristics (for example, by color, shape, or size if the difference is obvious)</p> <p>Is beginning to use time more accurately, concepts of tomorrow and yesterday</p> <p>Begins to relate clocktime to daily schedule</p> <p>Attention span increases noticeably</p> <p>More attentive to guidance and instruction</p> <p>Learns that actions have both causes and effects</p> <p>Still working on distinguishing fantasy and reality</p>
SELF-HELP SKILLS	<p>Dresses self completely</p> <p>Ties bow</p> <p>Brushes teeth independently</p>
SOCIAL SKILLS	<p>Chooses own friends</p> <p>Plays simple table games</p> <p>Engages with other children in cooperative play involving group decisions, role assignments, fair play</p> <p>Pretend rebellion</p> <p>Flashes of humor — "knock, knock" jokes</p> <p>Delights in pranks or "fooling" people</p>
SOURCE	<p>*Note: Excerpted from <i>Mainstreaming Preschoolers with Health Impairments</i> by A. Healy, P. McAvearey, C.S. Von Hippel, and S.H. Jones, 1978, Washington DC: U.S. Department of Health, Education, and Welfare, Office of Human Development Services, Administration for Children Youth and Families, Head Start Bureau.</p>



Thank you for taking the time to fill out this questionnaire! We look forward to meeting and learning more about our students! The information you provide is very useful and helps to ease the transition into preschool.

Child's Name: _____

☆ How would you describe your child? (personality, temperament, strengths, weaknesses, approach to learning, etc.)

☆ Any previous preschool/child-care experiences/programs child has experienced? (Moms and Tots, library programs, daycare, sports, lessons, etc.) How was the experience?

☆ What are your child's favorite toys, games, interests, and activities? How do you spend time together?

☆ Does your child have any fears or dislikes? If so, what are they?

☆ How do you discipline your child? Do you set rules and boundaries? Are there consequences to misbehavior?

☆ What responsibilities does your child have at home?

☆ When your child is upset, what comforts him/her?

☆ How does your child express anger or frustration? What are some things/situations that might upset or frighten your child?

☆ How does your child behave around other children of the same/similar age? (sharing, communicating, turn-taking, etc)

☆ Please describe your child's typical day (i.e., schedule (sleeping, eating, etc.), how does he/she help around the house, how does he/she spend their time, what activities do you do for fun, etc.)

☆ What are some of your child's favorite and least favorite foods?

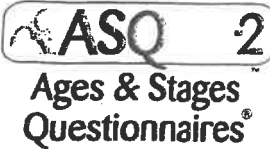
☆ What is your child's favorite color? Favorite book?

☆As a parent, what do you find most challenging overall?

☆ What goals and hopes do you have for your child?

☆ Do you have any other special concerns about your child?

☆ As a parent, are there any topics relating to your child's development and learning that you'd like more information about (discipline, literacy, health, etc)?



What Is ASQ:SE-2™?

The first 5 years of your child's life are very important. Your child's healthy social-emotional development forms a foundation for lifelong learning. ASQ:SE-2 is a set of questionnaires about behavior and social-emotional development in young children. There are nine questionnaires for different ages to screen children from 1 month to 6 years old.

ASQ:SE has been used by parents for more than 15 years. It makes sure that children's social-emotional development is on schedule. It helps you celebrate milestones while addressing any concerns as early as possible. ASQ:SE-2 can help identify your child's social-emotional strengths and areas where your child may need support.

As a parent or caregiver, you are the best source of information about your child. That's why ASQ:SE-2 is designed for you to complete. You will only need 10–15 minutes. It's that quick and easy. Here's how ASQ:SE-2 works:

- Answer each question by marking "often or always," "sometimes," or "rarely or never." Answer based on what you know about your child.
- Note if any behaviors concern you.
- Remember that your answers help show your child's strengths and areas where he or she may need support.
- After you finish, your child's provider will discuss the results with you.

If your child's social-emotional development is on target, then there is nothing more you need to do. If there are concerns, then the provider will help you with next steps. When children get support as early as possible for behavioral concerns, problem behaviors may be prevented from getting more difficult as children get older.

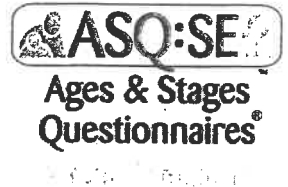
You play an important role in your child's learning and development. Completing ASQ:SE-2 questionnaires helps you make sure your child is off to a great start!

To find out more, please talk to your health care or education professional, or visit www.agesandstages.com.



36 Month Questionnaire

33 months 0 days through 41 months 30 days



Date ASQ:SE-2 completed: _____

Child's information

Child's first name: _____ Child's middle initial: _____ Child's last name: _____

Child's date of birth: _____

Child's gender: Male Female

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Street address: _____

City: _____ State/province: _____ ZIP/postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Relationship to child: Parent Grandparent/other relative Guardian Foster parent Teacher Child care provider Other: _____

People assisting in questionnaire completion: _____

Program information (For program use only.)

Child's ID #:	Age at administration in months and days:
Program ID #:	
Program name:	

36 Month Questionnaire 33 months 0 days through 41 months 30 days



Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.

Important Points to Remember:

- Answer questions based on what you know about your child's behavior.
- Answer questions based on your child's *usual* behavior, not behavior when your child is sick, very tired, or hungry.
- Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.
- Please return this questionnaire by: _____
- If you have any questions or concerns about your child or about this questionnaire, contact: _____
- Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. Does your child look at you when you talk to her?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	-----
2. Does your child like to be hugged or cuddled?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	-----
3. Does your child talk or play with adults he knows well?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	-----
4. Does your child cling to you more than you expect?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	-----
5. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	-----
6. Does your child seem too friendly with strangers?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	-----
7. Does your child settle herself down after exciting activities?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	-----

TOTAL POINTS ON PAGE

36 Month Questionnaire



Check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
8. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
9. Does your child seem happy?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
10. Is your child interested in things around him, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
11. Does your child do what you ask her to do?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
12. Does your child seem more active than other children his age?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
13. Does your child stay with activities she enjoys for at least 5 minutes (other than watching shows or videos, or playing with electronics)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
14. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
15. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
16. Does your child sleep at least 8 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
17. Does your child use words to tell you what she wants or needs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v

TOTAL POINTS OF PAGE

36 Month Questionnaire



Check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your child follow routine directions? For example, does he come to the table or help clean up his toys when asked?	<input type="checkbox"/> z	<input type="checkbox"/>	<input type="checkbox"/> x	<input type="radio"/> z
19. Does your child cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v
21. Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or _____? (Please describe.) _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v
22. Does your child hurt himself on purpose?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v
23. Does your child stay away from dangerous things, such as fire and moving cars?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
24. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v
25. Does your child use words to describe her feelings and the feelings of others? For example, does she say, "I'm happy," "I don't like that," or "She's sad"?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
26. Can your child name a friend?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v




TOTAL POINTS ON PAGE

36 Month Questionnaire



Check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
27. Do other children like to play with your child?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
28. Does your child like to play with other children?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
				
29. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v
30. Does your child show an unusual interest in or knowledge of sexual language and activity?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v
31. Does your child try to show you things by pointing at them and looking back at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
32. Does your child pretend objects are something else? For example, does he pretend a banana is a phone?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v
33. Does your child wake three or more times during the night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v
34. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v
35. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v

TOTAL POINTS: _____

36 Month Information Summary 33 months 0 days through 41 months 30 days



Child's name: _____ Date ASQ:SE-2 completed: _____
 Child's ID #: _____ Child's date of birth: _____
 Person who completed ASQ:SE-2: _____ Child's age in months and days: _____
 Administering program/provider: _____ Child's gender: Male Female

1. ASQ:SE-2 SCORING CHART:

- Score items (Z = 0, V = 5, X = 10, Concern = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	
TOTAL POINTS ON PAGE 2	
TOTAL POINTS ON PAGE 3	
TOTAL POINTS ON PAGE 4	
Total score	

Cutoff	Total score
105	

2. ASQ:SE-2 SCORE INTERPRETATION:

Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.



- ___ The child's total score is in the area. It is below the cutoff. Social-emotional development appears to be on schedule.
- ___ The child's total score is in the area. It is close to the cutoff. Review behaviors of concern and monitor.
- ___ The child's total score is in the area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS:

Record responses and transfer parent/caregiver comments. YES responses require follow-up.

- 1-35. Any Concerns marked on scored items? **YES** no Comments: _____
36. Eating/sleeping/toileting concerns? **YES** no Comments: _____
37. Other worries? **YES** no Comments: _____

4. FOLLOW-UP REFERRAL CONSIDERATIONS:

Mark all as Yes, No, or Unsure (Y, N, U). See pages 98-103 in the ASQ:SE-2 User's Guide.

- ___ **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)
- ___ **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)
- ___ **Health factors** (e.g., Is the child's behavior related to health or biological factors?)
- ___ **Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)
- ___ **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. FOLLOW-UP ACTION:

Check all that apply.

- ___ Provide activities and rescreen in ___ months.
- ___ Share results with primary health care provider.
- ___ Provide parent education materials.
- ___ Provide information about available parenting classes or support groups.
- ___ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____
- ___ Administer developmental screening (e.g., ASQ-3).
- ___ Refer to early intervention/early childhood special education.
- ___ Refer for social-emotional, behavioral, or mental health evaluation.
- ___ Follow up with items of concern.
- ___ Other: _____

36 Month Questionnaire



OVERALL Use the space below for additional comments.

36. Do you have concerns about your child's eating, sleeping, or toileting habits?
If yes, please explain:

YES NO

37. Does anything about your child worry you? If yes, please explain:

YES NO

38. What do you enjoy about your child?

Parent Feedback Form—Three-Year-Old Child

Child's Name _____

Child's Age _____ Date _____

Parent's Name _____

Purpose: As a parent, your feedback is central to help determine program placement and planning for your child. Use the items listed below to guide your feedback.
Directions: Read each item and check the column ("No," "Uncertain," or "Yes") on the right that best applies to your child.

Language Development			
Does your child	No	Uncertain	Yes
1. orally express needs and make requests?			
2. repeat simple sentences of eight syllables in length?			
3. correctly use prepositions and irregular plural nouns?			
4. follow one-step directions?			
5. identify (point to) the colors red, blue, green, yellow, and orange?			
6. tell use of objects such as book, scissors, and stove?			
7. point to parts of the body as listed below when requested? (if yes, please circle.) 1 stomach 2 neck 3 back 4 knees 5 thumbs 6 fingernails			
8. name common objects in pictures as listed below? (if yes, please circle.) 1 boat 2 scissors 3 kite 4 wagon 5 ladder 6 fish			
Academic Skills/Cognitive Development			
Can your child	No	Uncertain	Yes
9. tell others his/her first name?			
10. tell others his/her last name?			
11. tell others his/her age?			
12. talk about actions in books?			
13. listen attentively to stories read to him/her?			
14. recognize front and back of book?			
15. take part in reading by filling in words and phrases when read to?			
16. demonstrate the concepts of two, three, and five by giving correct quantity when requested?			
17. count by rote to five?			
Physical Development			
Does your child	No	Uncertain	Yes
18. usually go up and down stairs without difficulty?			
19. stand on one foot for five seconds?			
20. stand on other foot for five seconds?			

Does your child	No	Uncertain	Yes
21. walk forward heel-to-toe four steps?			
22. consistently use the same hand for performing?			
23. copy a vertical line? ()			
24. copy a horizontal line? (—)			
25. copy a circle?			
26. copy a plus sign?			
27. use scissors to cut paper?			
28. build a tower with one-inch blocks? (if yes, please circle how many.) 6 7 8 9 10			
29. *appear to have good physical health and stamina?			
30. *appear to be free of physical/mental conditions or problems that might cause a need for special services?			
Self-help Skills			
Does your child	No	Uncertain	Yes
31. hold glass with one hand while drinking?			
32. control spoon or fork when eating?			
33. hold spoon or fork in fingers, not fist?			
34. wash and dry his/her hands without help?			
35. undress without help?			
36. dress without help?			
37. fasten (button) clothing?			
38. care for toileting needs with assistance?			
Social and Emotional Development			
Does your child	No	Uncertain	Yes
39. greet others in an appropriate manner?			
40. usually play well with at least one child?			
41. show concern for using materials safely and appropriately?			
42. show pride in sharing new accomplishments and skills?			
43. usually make an effort to solve problems before seeking help?			
44. usually maintain interest in an activity for at least ten minutes?			
45. usually accept limits set by adults?			
46. usually reflect a happy disposition?			
47. usually take care of personal belongings?			

*If the answer to this question is "No," or "Uncertain," please explain any conditions or problems on the back of this form.

Parent Report—Reading Readiness Scale

Child's Name _____ Child's Date of Birth _____ Today's Date _____
 Parents/Caregiver's Name _____ Teacher's Name _____

Directions: Read each item and circle the response that best reflects your child's behavior or skill level.

1.	Does your child listen attentively to stories when he/she is being read to individually?	No	Yes
2.	When your child is read a book, does he/she ask questions? (e.g., <i>Why is she crying?</i> ; <i>Where is the kitten?</i>)	No	Yes
3.	If you ask your child "Who is this book about?", can he/she name the characters? (e.g., <i>puppy, firefighter, ballerina</i> or the character's name)	No	Yes
4.	If you ask your child "What happens in the story?", can he/she recount the main events of the story?	No	Yes
5.	Can your child point to the front and back of the book?	No	Yes
6.	If, when you are reading a book to your child, you point to a word (any word except the last word) in a line of text and ask "Which word do I read after this word?", would he/she point to the next word to the right?	No	Yes
7.	If, when you are reading a book to your child, you point to the last word in a line of text and ask "Which word do I read after this word?", would he/she point to the first word in the next line?	No	Yes
8.	Can your child identify rhymes? (e.g., <i>hat-bat, tree-bee</i>)	No	Yes
9.	Does your child read at least five informational words he/she is likely to see in the environment? (e.g., <i>STOP, GO, IN, OUT, ENTER, WALK, CAUTION</i>)	No	Yes
10.	Does your child read at least ten sight/high-frequency words? (e.g., <i>a, go, is, my, run, do, can, down, come, yes</i>)	No	Yes

Do you have any concerns about how well your child will do learning to read? No Yes

If yes, please list.

Have you observed responses or reactions from your child that cause you to suspect he/she may have a vision or hearing problem? No Yes

If yes, please indicate the nature of the suspected problem.

Annual Report—Self-help and Social-Emotional Scales

Child's Name _____ Child's Date of Birth _____ Today's Date _____
 Parent's/Caregiver's Name _____ Teacher's Name _____

Directions: Read each item and circle the response or description that best reflects your child's skill level.

SELF-HELP SKILLS

A. Eating Skills			
1. Does your child use a spoon? If yes, does your child place the spoon in his/her mouth without turning the spoon upside down, with little or no spilling of food?	Rarely/No	Sometimes	Most of the time
2. Does your child use the side of the fork for cutting soft food, such as a piece of baked potato or a piece of cake?	Rarely/No	Sometimes	Most of the time
3. Does your child hold a fork in his/her fingers, not in his/her fist?	Rarely/No	Sometimes	Most of the time
B. Dressing Skills			
4. Does your child put on his/her shoes? Criteria: Buckling, tying, or Velcro® fastening is not required for credit.	No	Yes (sometimes on wrong feet)	Yes (each shoe on correct foot 90% of the time)
5. Does your child dress himself/herself unsupervised?	Rarely/No	Sometimes	Most of the time, except for help with difficult fasteners
	Yes (completely dresses himself/herself, putting all clothes on correctly and fastening all fasteners)		
	Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners)		
6. Does your child put on his/her socks?	Rarely/No	Sometimes	Most of the time

C. Toileting Skills			
7. Does your child get on the toilet or potty by himself/herself (even if he/she needs help with clothing)?	Rarely/No	Sometimes	Most of the time
8. Does your child have bowel movements ("poop") in the toilet or potty (no more than one accident a week)?	Rarely/No	Sometimes	Most of the time
9. Does your child urinate ("pee") in the toilet or potty (no more than one accident a week)?	Rarely/No	Sometimes	Most of the time
10. Does your child attempt to wipe himself/herself after toileting?	Rarely/No	Sometimes	Most of the time
	OR		
	Does your child wipe himself/herself independently after toileting?		
11. Does your child take care of his/her toileting needs?	Rarely/No	Sometimes	Most of the time
12. Does your child go to the bathroom on his/her own without being asked or reminded?	Rarely/No	Sometimes	Most of the time
	Yes (flushing the toilet most of the time after using it)		
	Yes (flushing the toilet and washing and drying his/her hands most of the time)		

more on back →

Parent Report—Self-help and Social-Emotional Scales (continued)

SOCIAL AND EMOTIONAL SKILLS

D. Relationships with Adults

13.	Does your child respond with feelings of pride and enthusiasm when he/she earns positive feedback?	Rarely/No	Sometimes	Most of the time
14.	Does your child look forward to sharing his/her feelings with you when he/she is happy?	Rarely/No	Sometimes	Most of the time
15.	Does your child enjoy sharing information with you about himself/herself, such as things he/she likes, names of his/her family members or pets, or what he/she did over the weekend?	Rarely/No	Sometimes	Most of the time
16.	Does your child share his/her thoughts and ideas with you?	Rarely/No	Sometimes	Most of the time

E. Play and Relationships with Peers

17.	Does your child have several friends but one who is a special or best friend?	No	Yes	
18.	Does your child have a best friend with whom he/she is close and who reciprocates by coming over for play dates or extending an invitation to a party?	No	Yes	
19.	Does your child play cooperatively in a large-group game, such as duck-duck-goose, tag, or Kickball?	Rarely/No	Sometimes	Most of the time
20.	Does your child give verbal directions or incorporate verbal directions into play activities?	Rarely/No	Sometimes	Most of the time

F. Motivation and Self-Confidence

21.	Does your child maintain interest when engaged in a small-group activity or project?	Rarely/No	Sometimes	Most of the time
22.	Does your child show that he/she likes to finish what he/she starts, perhaps by dawdling less than at an earlier age?	Rarely/No	Sometimes	Most of the time
23.	Does your child approach new tasks with confidence and a "can-do" attitude?	Rarely/No	Sometimes	Most of the time
24.	Does your child remain focused on what he/she has been asked to do even when there are minor distractions, such as a car making noise outside or someone tapping a pencil?	Rarely/No	Sometimes	Most of the time

G. Prosocial Skills and Behaviors

25.	If supervised by an adult, does your child take turns without undue objection?	Rarely/No	Sometimes	Most of the time
26.	Does your child understand or accept the need to share and take turns, perhaps willingly taking turns even if he/she isn't asked to?	Rarely/No	Sometimes	Most of the time
27.	Does your child ask an adult for permission before using things that belong to others or before engaging in an activity that may be restricted, such as going to the bathroom or leaving the classroom?	Rarely/No	Sometimes	Most of the time
28.	Does your child react to a disappointment or failure in an acceptable manner by being a good sport and refraining from shouting or getting upset?	Rarely/No	Sometimes	Most of the time

more on back



Home Language Survey*

A. What language do family members use when speaking to the child in the home?

Check here if the child's parents or legal guardians decline to provide information for this survey.

Not applicable	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)
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B. What language does the child use when speaking to family members in the home?

(Write in home language: _____)

Not applicable	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)
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C. What language does the child use when speaking to other children in the classroom?

Not applicable	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)
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D. What language does the child use when speaking to teachers?

Not applicable	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)
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Sum of circled numbers _____
 Number of questions answered _____
 _____ = _____

If this value is 2 or greater, assess the child by using Objectives 37 and 38.

*These research reports helped guide our thinking in the development of the "Home Language Survey":
 Alcorn, N. L., Caspe, M. S., Spradman, S., Lopez, M. L., & Abbas-Burnett, S. M. (June 2008). *Paper Symposium: Development of a language routing protocol for determining bilingual Spanish-English speaking children's language of assessment*. Bilingual Head Start Research Conference. Washington, DC.
 Puma, M., Bell, S., Cook, R., Held, C., Lopez, M. L., et al. (2005). *Head Start impact study: First year findings*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
 Gutiérrez-Clellen, V. H., & Keltner, J. (2003). *Understanding child bilingual acquisition using parent and teacher reports*. *Applied Psycholinguistics*, 24(2), 267-288.

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PRESCHOOL/KINDERGARTEN PICK-UP AUTHORIZATION FORM

Student's Name

I authorize the following people to pick up my child upon dismissal from school or in the event of an emergency.

1. _____
name relationship to child

_____ address telephone number

2. _____
name relationship to child

_____ address telephone number

3. _____
name relationship to child

_____ address telephone number

4. _____
name relationship to child

_____ address telephone number

Mother or Legal Guardian Signature

date

home/cell phone

alternate number

Father or Legal Guardian Signature

date

home/cell phone

alternate number

If someone other than those authorized above will be picking up your child, a written note must be sent with your child informing the teacher of the change **prior to dismissal**.

Children not picked up on time are sent to the front office and must be picked up there.