

(Please return this form to the elementary school listed on the attached permission form)

## PRE-SCHOOL SURVEY

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

DATE \_\_\_\_\_

TEACHER'S NAME \_\_\_\_\_

PRE-SCHOOL \_\_\_\_\_

SESSIONS ATTENDED:      2 day      3 day      5 day

Please complete and  
return **this** form -  
keep release form  
for your records

**INTRODUCTION:** The kindergarten teachers of the Forest Hills School District would appreciate your cooperation in completing the following survey. Your comments, based on your professional observations, will help us work with this child on a more individual basis. Please check the areas which best describe this particular child. Add written statements when appropriate. Thank you.

COMMUNICATION	YES	NO	OCCASIONALLY
Child talks to adults			
Child talks to other children			
Child interacts with children			
Listens attentively in group situations			
<b>BEHAVIORAL CHARACTERISTICS</b>			
Aggressive			
Shy			
Only participates when encouraged			
Self-directed			
<b>ADJUSTMENT TO LEARNING SITUATIONS</b>			
Adjusts easily			
Tends to chew nails, suck thumb, cry easily, other			

**PLEASE ADD ANY INFORMATION WHICH WILL HELP US WORK WITH THIS CHILD,**  
for example: maturational development, gross/fine motor development, academic  
skills, medical concerns, etc.

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