MOORESTOWN TOWNSHIP PUBLICSCHOOLS Child Study Team

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PRESCHOOL QUESTIONNAIRE TO BE COMPLETED BY THE CHILD'S DAYCARE/ NURSERY SCHOOL PROVIDER

Name of Child:
Date of Birth:
Name of Program:
Address:
Phone:
Person Completing Form:
Job Title:
Months in Contact with this Child:
Days/hours that child attends:
Number of children in the classroom:
Number of Adults in class:
Communication Skills:
1) Speech Articulation (speech is clear/unclear/unintelligible)
2) Expressive Language (expresses herself/himself verbally):
3) Receptive Language (understands what is being said):
4) Pragmatic Language (social language and interaction skills)

Motor Skills:	
1) Fine-motor (i.e. can pick up small o	bjects, place small pegs in board):
2) Gross motor (run, jump, hop, etc.):	
3) Sensory (sensitive to touch, smell, etc.):	
Learning Skills (as compared to other same-age	students in class):
Social and Emotional Behaviors (how child in	nteracts with others, play skills, etc.):
Child's strengths:	
Child's greatest needs:	
What strategies have been tried in the cl	assroom? What has worked well?
Signature of Informant	Date