

Prekindergarten Teacher Questionnaire



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MCPS Form 272-1
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Student Name: _____ Date of Birth ____/____/____
 Student Address: _____
 School/Day Care of Attendance: _____
 Teacher's Name: _____
 Form Completed by: _____ Date Form Completed: ____/____/____
 Length of Time Child Has Been in Program: _____ Days/Times Child Attends: _____

Please identify child's strengths and weaknesses:

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

	Above Average	Average	Below Average
Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressive language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-help skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention/activity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive social relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What interventions have been attempted?

- Note/call to parent/guardian
- Parent/guardian 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

Does the child's behavior appear different from peers in your setting? How?

What activities does the child prefer?

What activities does the child avoid?

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
- throwing
- walking up and down steps
- pedaling a tricycle/big wheel
- catching
- navigating playground

FINE MOTOR SKILLS

- difficulty completing puzzles
- inappropriate crayon/pencil grip
- poor control of scissors
- does not cross midline

SENSORY

- exhibits repetitive actions with toys/objects
- does not explore a variety of textures/materials in an age appropriate way
- responds negatively to loud noises

PERCEPTUAL/COGNITIVE SKILLS

Has difficulty Identifying:

- body parts
- colors
- shapes
- letters
- numbers

Has difficulty Naming:

- body parts
- colors
- shapes
- letters
- numbers

Has difficulty:

- sorting/categorizing objects

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
- recognizing own name in print

RECEPTIVE LANGUAGE SKILLS

Has difficulty with:

- understanding spoken language/verbal directions
- responding to/understanding questions

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
- speech is hard to understand
- stutters/dysfluent speech

SELF-HELP SKILLS

- does not manage personal belongings
- does not use a spoon/fork appropriately
- cannot care for own toilet needs
- has difficulty dressing self

SOCIAL/EMOTIONAL

- lacks self-control
- easily frustrated
- unusually shy or withdrawn
- interrupts and distracts class
- has difficulty coming to circle, attending, and participating appropriately
- sudden changes in mood throughout the day
- unusually aggressive toward others
- has difficulty following classroom routines

Primarily engages in:

- solitary play
- parallel play
- cooperative play