



Preschool Parent Survey

Student Name:

Date:

Teacher:

Completed By:

Instructions:

This survey gathers critical information about your child's strengths, interests, needs and goals for the future in preparation for their upcoming IEP. Complete this survey and return it to your child's IEP case manager.

Strengths & Interests

My child's strengths and interests are:

Things others like/admire about my child include:

Concerns & Needs

Approaches to Learning: I have concerns related to my child's... (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> ability to imitate or model the actions of others | <input type="checkbox"/> ability to engage in and sustain attention to tasks or activities |
| <input type="checkbox"/> appropriate engagement with materials and toys | <input type="checkbox"/> persistence when trying new or challenging activities |
| <input type="checkbox"/> play skills (e.g., creative and/or social play) | <input type="checkbox"/> problem-solving or reasoning skills |
| <input type="checkbox"/> interest in the world around them, including objects and/or people | <input type="checkbox"/> no current concerns |

Please provide any additional information or concerns related to your child's approach to learning:

Early Literacy: I have concerns related to my child's... *(select all that apply)*

- recognition of environmental symbols (e.g., logos, labels, signs)
- categorization of items (e.g., events, objects, people) and/or understanding of opposites
- basic understanding and interest in stories (e.g., being read to, turning pages, looking at pictures in books)
- engagement and interest in rhymes, songs or poems
- beginning interest in letters and words (e.g., recognizes a few letters, name, familiar logos)
- beginning interest in writing (e.g., makes scribbles, marks or drawings)
- no current concerns

Please provide any additional information or concerns related to your child's early literacy skills:

Early Math: I have concerns related to my child's... *(select all that apply)*

- early counting skills
- understanding and use of concepts such as more, all gone, big, little, heavy, first, next, last
- recognition of shapes, colors or sizes
- no current concerns

Please provide any additional information or concerns related to your child's early math skills:

Social Development & Behavior: I have concerns related to my child's... *(select all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> ability to play with or alongside peers | <input type="checkbox"/> limited safety awareness |
| <input type="checkbox"/> cooperation with others (e.g., takes turns and shares items) | <input type="checkbox"/> tantrums or other challenging behaviors |
| <input type="checkbox"/> ability to separate from familiar adults | <input type="checkbox"/> repetitive behaviors (e.g., lines things up, flaps hands or rocks back and forth) |
| <input type="checkbox"/> interactions with adults | <input type="checkbox"/> lack of affection, empathy or concern for others |
| <input type="checkbox"/> awareness of feelings and preferences | <input type="checkbox"/> physical aggression towards self or others |
| <input type="checkbox"/> communication of a range of emotions | <input type="checkbox"/> no current concerns |
| <input type="checkbox"/> ability to manage changes (e.g., transitions, routines, people) | |

Please provide any additional information or concerns related to your child's social development or behavior:

Language & Communication: I have concerns related to my child's...*(select all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> lack of speech or speech delays | <input type="checkbox"/> communication of basic wants and needs |
| <input type="checkbox"/> speech production (e.g., fluency/stuttering, articulation or other speech concerns) | <input type="checkbox"/> beginning social communication (e.g., social greetings) |
| <input type="checkbox"/> repetitive use of speech | <input type="checkbox"/> understanding and/or use of common vocabulary |
| <input type="checkbox"/> ability to follow simple directions and rules | <input type="checkbox"/> basic social and/or conversational skills |
| <input type="checkbox"/> ability to understand verbal language (e.g., receptive understanding) | <input type="checkbox"/> no current concerns |

Please provide any additional information or concerns related to your child's language and communication skills:

Physical Development & Health: I have concerns related to my child's...*(select all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> vision | <input type="checkbox"/> sleep |
| <input type="checkbox"/> hearing | <input type="checkbox"/> feeding skills |
| <input type="checkbox"/> self-care skills (e.g., toileting, dressing) | <input type="checkbox"/> nutrition or dietary needs |
| <input type="checkbox"/> gross motor skills (e.g., walking, running, kicking) | <input type="checkbox"/> medical needs/diagnosis |
| <input type="checkbox"/> fine motor skills (e.g., reaching, grasping, holding and manipulating objects) | <input type="checkbox"/> mental health needs/diagnosis |
| <input type="checkbox"/> sensory needs (e.g., under or over reactivity to sounds, lights, smells, textures) | <input type="checkbox"/> other |
| | <input type="checkbox"/> no current concerns |

Please provide any additional information or concerns related to your child's physical development and health:

Hopes & Dreams

My primary goals for my child's next school year include:

My hopes for my child in the future are: