

**SDUSD Early Childhood Special Education Questionnaire**

Student ID#:

**STUDENT INFORMATION:**

Legal Last Name

Legal First Name

Middle Name

**Oral Language/Communication**

How does your child communicate?

- Gestures  Sounds  Phrases  Sentences  Sign Language  Other

Single words:  5-10  11-24  25-50  50-100

2-3 word combinations: Example(s)

3-4 word sentences: Example(s)

4-5 word sentences: Example(s)

Does your child often repeat words or phrases?  Yes  No If yes, give examples

How does your child let you know that they need something?

When you read to your child, how do they show their interest in the book?

Do you or others have difficulty understanding your child's speech?  Yes  No  N/A

If yes, do you understand:  All  Most  Some  Very Little  N/A

If yes, do others understand:       All     Most    Some    Very Little    N/A

Does your child know his/her name?     Yes    No

Does your child understand simple directions?    Yes    No

Does your child understand simple questions?    Yes    No

Can your child participate in a conversation for 2-3 turns/exchanges?    Yes    No

Which best describes how your child plays?

- Talks and/or interactions with playmate (adult or child)
- Plays in the same space as others but does not talk or interact
- Separates him/herself from others or plays alone in a separate location

Does your child engage in imaginative play (ex: be the mom/dad, pretend to be at the zoo)?    Yes    No

If you are concerned about stuttering, which of the following do you hear when your child talks?    Yes    No

- Repetition of phrases or whole words
- Repetition of a part of a word, syllable, or sound
- Getting “stuck” on a sound or word
- Getting “stuck” and no sound comes out

Does your child get upset when he/she experiences these?       Yes    No

Please describe situations where you child appears unusually anxious or angry?

What comforts your child when they are upset?

How does your child respond to being touched? Does he/she like to be hugged or touched by people they are familiar with?

How does your child react to loud noises?

Are there any activities that your child has difficulty stopping when it is time to stop or leave?

Other Information:

<b>Self-Help</b>			
Describe how your child eats and drinks.			
<b>Areas</b>	1 yr to 2.6 yrs.	2.6 to 4 yrs.	4 to 5 yrs.
<b>Self-feeding</b>	<input type="checkbox"/> Finger feeds/drink from cup	<input type="checkbox"/> Eats w/ spoon & fork No spillage	<input type="checkbox"/> Opens simple containers for food
Describe how your child helps get dressed.			

<b>Dressing</b>	<input type="checkbox"/> Gets dressed with help	<input type="checkbox"/> Pulls pants down/up	<input type="checkbox"/> Dresses independently
<b>Fasteners</b>	<input type="checkbox"/> Removes "Pull-on" clothing	<input type="checkbox"/> Takes off jacket/open shirt	<input type="checkbox"/> Completes fasteners

<b>Gross Motor/Functional Mobility</b>			
Describe how your child gets from place to place at home and in the community?			
Areas	1 yr to 2.6 yrs.	2.6 to 4 yrs.	4 to 5 yrs.
<b>Functional Seating</b>	<input type="checkbox"/> Sits in small sized chair independently	<input type="checkbox"/> Moves chair and seats self independently	<input type="checkbox"/> While seated in chair, shifts positions or leans to floor or side to reach
<b>Balance</b>	<input type="checkbox"/> Walks safely on even surfaces	<input type="checkbox"/> Walks safely on uneven surfaces	<input type="checkbox"/> Able to change direction & avoid obstacles in path while walking &/or running
	<input type="checkbox"/> Attempts to walk on a line	<input type="checkbox"/> Walks on curb or sandbox ledge with hand held	<input type="checkbox"/> Walks on curb or balance beam independently
<b>Locomotor</b>	<input type="checkbox"/> Attempts to jump but feet don't clear the ground	<input type="checkbox"/> Jumps with two feet together off a 12" height independently	<input type="checkbox"/> Hops on one foot 3 times
Describe how your child uses his/her body when playing outside (such as the park or your backyard).			
<b>Playground skills</b>	<input type="checkbox"/> Climbs safely on lower level play structures	<input type="checkbox"/> Climbs up and goes down slide safely and independently	<input type="checkbox"/> Navigates/climbs various ladders on play structures
	<input type="checkbox"/> Gets on and off ride-on toy and/or trike	<input type="checkbox"/> Pedals trike	<input type="checkbox"/> Steers and pedals trike around playground obstacles

<b>Fine Motor / Visual Motor Perception</b>			
Describe how your child uses his/her arms and hands when playing with playing with toys such as puzzles, blocks and using writing tools (crayons/ markers) and paper			
Areas	1 yr to 2.6 yrs.	2.6 to 4 yrs.	4 to 5 yrs.
<b>Hand Skills</b>	<input type="checkbox"/> Poke w/ index finger <input type="checkbox"/> Grasps Crayon (any grasp)	<input type="checkbox"/> Points w/ index finger <input type="checkbox"/> Sometimes grasps crayon with thumb, pointer, & middle finger	<input type="checkbox"/> Grasps crayon with thumb, pointer, middle finger
	<input type="checkbox"/> Uses neat pincer grasp (thumb & index finger for small objects)	<input type="checkbox"/> Stacks 10 cubes independently <input type="checkbox"/> Strings small beads	<input type="checkbox"/> Does 10-piece form puzzles <input type="checkbox"/> Does 2-5 piece interlocking puzzles
<b>Imitation</b>	<input type="checkbox"/> Imitates simple actions (clap hands)	<input type="checkbox"/> Imitates actions of others (finger plays)	<input type="checkbox"/> Imitates complex actions
<b>Visual-Motor Perception</b>	<input type="checkbox"/> Scribbles with crayon	<input type="checkbox"/> Imitates vertical line <input type="checkbox"/> Imitates horizontal line	<input type="checkbox"/> Imitates drawing a circle <input type="checkbox"/> Imitates drawing a square <input type="checkbox"/> Imitates drawing an "X"