



**ANNE & JIM KENAN PRESCHOOL
TEACHER QUESTIONNAIRE**

I. TO BE COMPLETED BY PARENT: DATE: _____

CHILD'S NAME: _____ BIRTHDATE: _____

SCHOOL: _____ CLASS: _____

TEACHER: _____

My child is applying to the Anne & Jim Kenan Preschool, a division of the Atlanta Speech School. You have my permission to fill out the following questionnaire, send requested data, and talk with the Atlanta Speech School regarding my child's performance.

Parent or Guardian Signature

Date

II. TO BE COMPLETED BY CURRENT PRESCHOOL TEACHER OR DAYCARE PROVIDER:

We are greatly assisted in evaluation and placement by comments and data from the child's current school. We appreciate your time and effort completing this form. If applicable, please send any previous educational test data and progress reports along with this completed questionnaire. This information will become a part of the child's school file and may be discussed with the parent.

A. Do you have academic or behavioral concerns about this child? YES NO

If so, what are your major concerns? _____

Mail to:

Atlanta Speech School
Attention: Karyn List
3160 Northside Parkway, NW
Atlanta, GA 30327
FAX: 404-266-2175

Please check the following areas to help us better understand the child's performance level relative to the performance of others in the class.

B. LANGUAGE

	Above Age	Age Level	Below Age
1. Listens and responds to speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Follows oral directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Articulation of speech sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Vocabulary usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Grammar usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Expresses needs and wants orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Contributes to group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

C. READING READINESS

	Above Age	Age Level	Below Age	No Formal Exp.
1. Names letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Generates rhyming words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Produces sounds for consonants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Produces sounds for vowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Blends sounds to read CVC words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recognizes own name in print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Matches pictures, letters, words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Recognizes some sight vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Name/Publisher-reading level (readiness, pre-primer etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

D. MATH READINESS

	Above Age	Age Level	Below Age	No Formal Exp.
1. Counts by rote to 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identifies numerals to 10 in random order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates understanding of one-to-one correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Names basic shapes (circle, square, rectangle, triangle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates understanding of spatial/temporal/quantitative concepts (e.g. in, under, day, night, big, small, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

E. FINE MOTOR

	Above Age	Age Level	Below Age	No Formal Exp.
1. Colors within boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cuts with scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Draws simple shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Writes first name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Writes numerals to 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Writes alphabet letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pencil grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Handedness established?				
YES <input type="checkbox"/>		NO <input type="checkbox"/>		
RIGHT <input type="checkbox"/>		LEFT <input type="checkbox"/>		

Comments: _____

F. **BODY COORDINATION**

	Above Age	Age Level	Below Age	No Formal Exp.
1. Seems coordinated for loco-motor skills (i.e., running, skipping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ball catching and throwing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

G. **MUSIC**

	Above Age	Age Level	Below Age	No Formal Exp.
1. Enjoys singing and related activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Remembers melodies and words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Imitates simple rhythmical patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

H. **ART**

	Above Age	Age Level	Below Age	No Formal Exp.
1. Enjoys art activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates appropriate control of crayons, paint brushes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

I. <u>SOCIAL DEVELOPMENT</u>	Above Age	Age Level	Below Age	No Formal Exp.
1. Executes self-help skills such as toileting, dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attention span in a group (please comment below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. General organization ability (e.g. putting away toys, care of personal items)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Adjust to new persons and situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Tolerance for frustration and failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If behavior is a concern, please attach an anecdotal record of behavioral observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Describe typical classroom behaviors: _____

Signed: _____ Position: _____

School: _____ Phone: _____

Address: _____

Date completed: _____

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 Attention: Karyn List
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 Atlanta, GA 30327
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