



**Stepping Stones Preschool  
Young Five-Year-Old Program  
Teacher Questionnaire**

**I. TO BE COMPLETED BY PARENT:** DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

TEACHER: \_\_\_\_\_

My child is applying for services at 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

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

A. We are greatly assisted in evaluation and/or placement by comments and data from the child's school. Please help us by mailing to us as much of the following data as possible. This will be part of the child's Atlanta Speech School file and will be available to the parent. We appreciate your time and effort in gathering materials and completing this form. Please feel free to contact us by phone if you have any questions or comments.

1. Previous educational test data.
2. Reports and/or comments of previous and present teachers and tutors.
3. Progress reports from special programs such as speech therapy, physical or occupational therapies.
4. Illustrative samples of work such as art, printing, readiness materials, with explanatory comments.

This information will be a part of the child's Atlanta Speech School file and will be discussed with the parent.

B. Do you have concerns about this child? YES  NO

If so, what are your major concerns? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**C. 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 self 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. **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. Labels 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"/>
6. Name/Publisher – math level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

F. **VISUAL 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. Handedness established?				
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
RIGHT	<input type="checkbox"/>	LEFT	<input type="checkbox"/>	

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. **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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. **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. Remember 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. **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: \_\_\_\_\_

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J. **SOCIAL DEVELOPMENT**

	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 - 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How does this child respond to behavioral interventions?: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What teaching techniques have you found to work best with this child? What techniques would you recommend be avoided?: \_\_\_\_\_

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Describe the child's peer relationships: \_\_\_\_\_

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What are the child's strengths? \_\_\_\_\_

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What are the child's weaknesses? \_\_\_\_\_

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Please describe the child's current classroom environment (i.e., number of students, number of teachers, structure of classroom): \_\_\_\_\_

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Signed: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date completed: \_\_\_\_\_