



Horseheads Central School District

Parents as Partners ***Questionnaire for Pre-Kindergarten***

My child's name: _____

My child's birthday: _____

Parent(s)/Guardians name(s): _____

Here is a list of children starting Pre-K in a Horseheads class who my child is related to or neighbors with:

Has your child attended an educational setting/daycare? Yes No

If so, where? _____

Has your child received CPSE and/or Early Intervention Services? Yes No

If Yes, please check: OT PT Speech SEIT

My child can do the following things by himself/herself:

- | | |
|--|---|
| <input type="checkbox"/> cut with scissors | <input type="checkbox"/> dress without help |
| <input type="checkbox"/> put on shoes | <input type="checkbox"/> put on coat |
| <input type="checkbox"/> zip clothing | <input type="checkbox"/> independently use the bathroom |

continued...

My child demonstrates the following on a regular basis:

- | | |
|---|--|
| <input type="checkbox"/> relationships with friends | <input type="checkbox"/> listening to others |
| <input type="checkbox"/> respect for others | <input type="checkbox"/> self-esteem |
| <input type="checkbox"/> paying attention to others | <input type="checkbox"/> self-control |

Sometimes my child has trouble doing these things, or may need help learning how to do them better:

Here are some things I would like you to know about our family:

(Examples – traditions, holidays celebrated, holidays not celebrated, life experiences, culture, any other languages spoken at home, any restrictive diet due to allergies or culture, any other information you would like me to know)



for sharing your child's information with me!

This information is great for me to get to know your child better.