



Childfind Pre-School Screening of 3 to 4 Year Olds

Child's Name _____ Date of Birth _____ Sex _____

Parent/Guardian _____ Home Telephone _____

Address _____ Work Telephone _____

Preferred Email Address _____

Please list brothers/sisters and dates of birth:

Date Completed:

Historical and Current Medical Information

1. Does your child have any of the following health problems?

(Please check and explain)

- Vision _____
- Chronic ear infections _____
- Tubes in ears _____
- Hearing aids _____
- Hearing loss _____
- Allergies _____
- Epilepsy _____
- Physical handicap _____
- Other _____

2. Has your child had any contact with specialists such as psychologists, neurologists, or speech and language therapists? If yes, please describe.

3. Has your child ever been hospitalized? If yes, please explain.

4. Is your child on any medications? If yes, please list.

5. Was your child born prematurely?

6. Is your child currently receiving services in programs such as CONNECTIONS, Head Start or attending a pre-school? If yes, please list the program and a contact person.

Please complete the following statements about your child's development by checking yes, no, or ? (don't know).

My child can:

- a. walk up the stairs using alternating feet Yes No ?
- b. walk down the stairs using alternating feet Yes No ?
- c. hop on one foot Yes No ?
- d. ride a tricycle using the pedals Yes No ?
- e. catch a bounced ball with arms and body Yes No ?
- f. catch a bounced ball with arms only Yes No ?

My child:

- a. plays as part of a small group of children Yes No ?
- b. uses words to indicate what he/she wants or needs Yes No ?
- c. greets familiar adults Yes No ?
- d. identifies emotions in others (happy, sad, angry, etc.) Yes No ?
- e. takes turns playing with others (i.e., waiting turn for slide) Yes No ?
- f. has temper tantrums Yes No ?

My child can:

- a. cut, but not always on the line Yes No ?
- b. cut following a line Yes No ?
- c. hold a pencil or crayon properly Yes No ?
- d. use a fork and spoon appropriately Yes No ?

My child:

- a. washes and dries hands independently Yes No ?
- b. blows and wipes nose when needed Yes No ?
- c. puts on own shoes Yes No ?
- d. dresses independently Yes No ?
- e. brushes teeth independently Yes No ?
- f. uses toilet independently Yes No ?

My child can:

- a. point to three colors Yes No ?
- b. count to five Yes No ?
- c. match colors/shapes Yes No ?
- d. understand concepts such as big/little, tall/short, empty/full Yes No ?
- e. complete a simple puzzle Yes No ?
- f. give 1 to 5 objects on request (for example, give me 2 spoons, he/she gives you 2 spoons) Yes No ?
- g. identify body parts: head, arm knee, elbow, thumb, chin, and eyebrow Yes No ?

My child:

- a. repeats the following sentences without error: "I want to eat some fruit."
"Can I go out to play." Yes No ?
- b. uses three word sentences Yes No ?
- c. uses a number of different words Yes No ?
- d. can follow simple directions (i.e., get your coat) Yes No ?
- e. understands behind, under, in front of, on and next to Yes No ?
- f. can name brothers or sisters Yes No ?
- g. is understood (speech) by strangers Yes No ?
- h. is afraid to talk to others Yes No ?
- i. can match a picture from a verbal description (for example, show me something that flies) Yes No ?

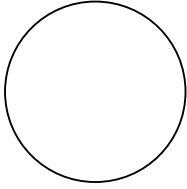
My child:

- a. listens to the TV louder than others Yes No ?
- b. says what, what, all the time Yes No ?
- c. sits very close to the TV screen Yes No ?

d. bends over and looks closely at pictures or drawings

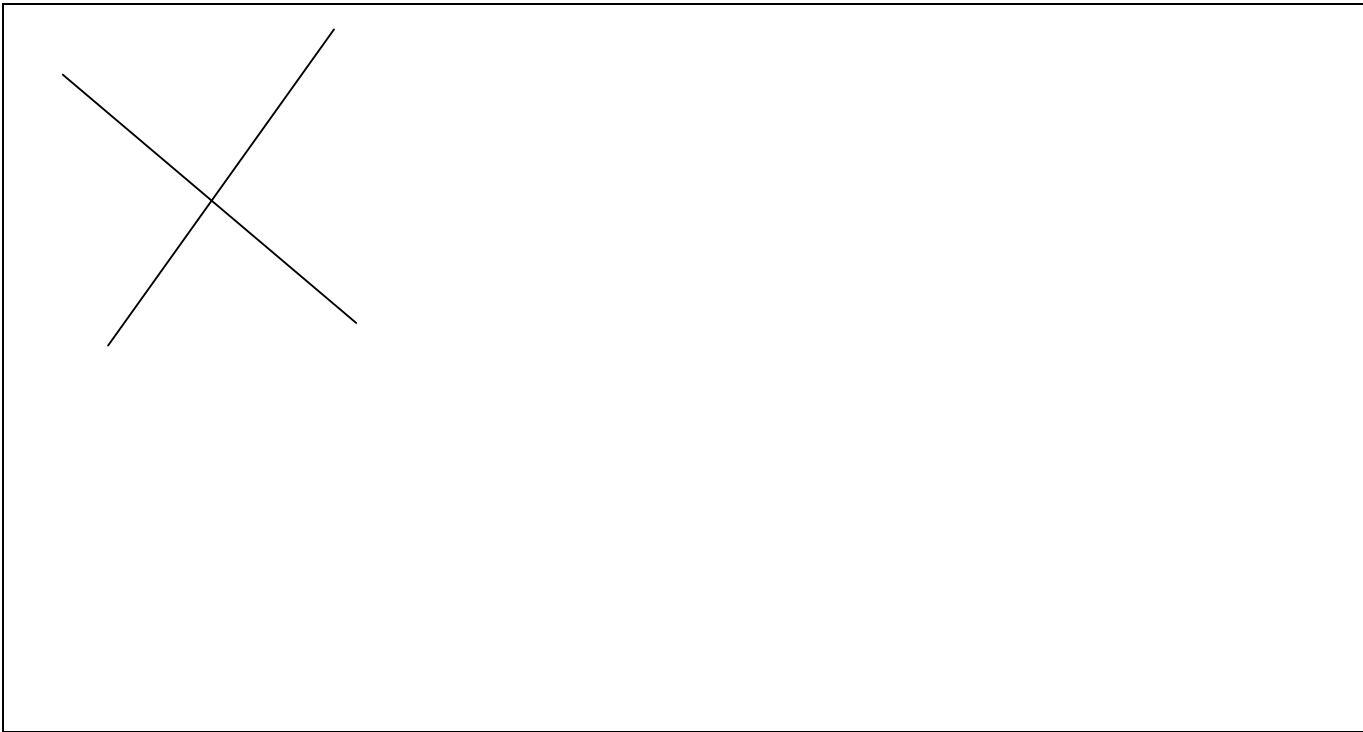
Yes No ?

Point to the circle below and say “Make one like this right here.” Point to empty space.



Make sure your child is watching – make a cross (+) in the space below, then say “You make one like this one right here.” Point to the empty space.

Point to the “X.” Say “You make one like this right here.” Point to the blank space below.



Please follow the directions given—no need to coach or coax. Ask your child to draw a person in the space below. Say, “draw a person here” while pointing to the blank space below.

Comments, questions, or additional information about your child.

Children may qualify for Head Start programs if family income falls within these guidelines:

Family Size – Yearly Income

1	\$10,400	5	\$24,800	for each additional person, add \$3,600
2	\$14,000	6	\$28,400	
3	\$17,600	7	\$32,000	
4	\$21,200	8	\$35,600	

With these guidelines, would your child be eligible? Yes ___ No ___

