## **Parkview School District Early Admission Questionnaire** (Due prior to April 1)

Child's Name			DOB					
Parent/Guardian Name:			Date:					
Hom	e Address:	City:	Zip:					
Home Phone:		Work Phone:_						
	C I	tions as accurately as you can. The child's readiness for Early Admis	• 1					
1.	Describe why you feel you	ar child should be considered for o	early admission to school.					
2.	Has your child been enroll (If yes, please indicate bel <u>Name of Program</u>	led in any kindergarten, preschool ow) <u>Days, attended per Week</u>	l, or day care programs? <u>Date/Year Attended</u>					
3.	Can strangers understand	your child's speech?						
4.	Please indicate the approximate age your child achieved the following:							
	Walked:	Talked:	_Toilet Trained:					
5.	Please comment on your child's favorite:							
	Indoor activities:							
	Outdoor activities:							

6.	Does your child prefer to play with:										
	older children	younger children			children of same age						
	adults	by themselves									
7.	How often does your child have the opportunity to play with other children?										
8.	How long can your child stay focused and be attentive to a story or activity (other than to a TV program or video game)?										
9.	How well does your child: (scale of 1-5, with 1 being low and 5 being high)										
	Follow directions:	1	1	2	3	4	5				
	Take turns:	1	1	2	3	4	5				
	Share:	1	1	2	3	4	5				
	Play cooperatively:	1	1	2	3	4	5				
	Communicate thoughts and i	deas:	1	2	3	4	5				
	Comments:										
10.	Describe a play situation where your child exhibited a leadership role.										
11.	How well does your child independently attend to his/her own personal needs: (scale of 1-5, with 1 being low & 5 being high)										
	Dressing:	1	1	2	3	4	5				
	Washing:	1	1	2	3	4	5				
	Toileting:	1	1	2	3	4	5				
	Additional Comments:										

APPROVED: September 19, 2011 January 18, 2016 AUGUST 16, 2021