CUPEYVILLE SCHOOL

Developing WISE Individuals

Child's Name:

_____

Last Name | Mother's Maiden Name | First Name | Middle Name

Please check if applicable to your child:

- ☐ Toilet Trained
- ☐ Feeds Self
- ☐ Needs Help Feeding Self
- ☐ Eats Almost All Foods
- ☐ Eats Very Few Foods
- ☐ Loses Temper Easily
- ☐ Overactive
- ☐ Timid and/or Shy
- ☐ Plays Well with Others
- ☐ Is "Picked on" by Others
- ☐ Initiates Own Actions
- ☐ Follows Instructions
- ☐ Cares for Own Property
- ☐ Is Attentive
- ☐ Has Many Interests
- ☐ Has Few Interests
- ☐ Has Many Fears
- ☐ Cries Easily
- ☐ Speaks Understandably
- ☐ Speech Impediment (explain below)
- ☐ Seldom Speaks
- ☐ Speaks in Sentences
- ☐ Is Afraid of New Tasks and Situations
- ☐ Is Overly Aggressive

My child would benefit from:

- ☐ Improving Adjustment to Other Children
- ☐ Becoming Less Active
- ☐ Becoming More Active
- ☐ Becoming Cooperative
- ☐ Acquiring Manual/Motor Skills
- ☐ Becoming Self-Reliant

In which skill(s) do you feel your child need(s) the most help? _____

_____

What are your priorities in relation to your child's Pre-School experience? _____

_____

Helpful comments concerning your child: _____

_____

Parent Signature_____ Date _____

PRE-SCHOOL STUDENT QUESTIONNAIRE