

ELEMENTARY STUDENT SURVEY

Names of other schools or programs this child attended (i.e. Pre-schools, etc.)

Name of Program	Date(s) School/Program was attended

Do you have any concerns about how he/she talks or makes speech sounds? Or understands what you say?

Yes No A little

Comments: _____

Do you have any concerns about how your child uses his/her hands and fingers to do things?

Yes No A little

Comments: _____

Do you have concerns about how he/she is learning preschool and school skills? Or the way your child is learning, developing, or behaving?

Yes No A little

Comments: _____

How are you doing as a parent or otherwise at this time?

How often are you able to read to your child?

Never Monthly Weekly Several times a week Daily

How much TV does your child watch per day:

30 minutes 1 hour 1½ hours 2 hours 3 or more hours

Is there anything else you would like us to know about your child?

Parent/Guardian Signature

Date