

Preschool Experience

Parent's Name: _____

Child's Name: _____

Did your child attend preschool? Yes No

****If yes, continue with the survey**

1. Where did your child attend preschool? _____

2. How many days was your child in preschool? _____

3. How would you rate your child's preschool experience?

Very good satisfactory fair unsatisfactory

4. Was the preschool focused on academic learning or just social play?

5. Was your child ever referred for an evaluation for special services (if yes, state why)?

6. Please list any concerns the preschool had about your child:

7. Please circle some of your child's strengths:

Recognizes letters

Recognizes numbers 0-10

Writes first name

Good manners

Shares with others

Follows directions

Knows shapes

Counts to 10

Knows colors

****If your child had a preschool assessment,
please provide a copy for your child's kindergarten folder****