

**PRAIRIE GROVE SCHOOL DISTRICT #46 -  
Preschool Census Questionnaire (Age 0-5 years)**

Child's Name: \_\_\_\_\_ Gender (circle one): **M** / **F**

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Work/Cell #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Other language spoken in home: \_\_\_\_\_

Does child attend Daycare/Preschool?: **Yes** / **No** Where?: \_\_\_\_\_

Will child attend preschool in the fall?: **Yes** / **No** Will your child enter Kindergarten in the fall? **Yes** / **No**

Has child previously participated in preschool screenings at District 46?: **Yes** / **No** If yes, When? \_\_\_\_\_

	Yes	No	N/A	If yes, Explain:
1. Child's birth weight? (lbs. and oz.)	-	-	-	
2. Was Child premature?				
3. Any complications during delivery?				
4. Has child required any special medical care since birth?				
5. Is child currently receiving any early intervening services?				
6. Is child currently taking any medications or being treated for a chronic illness?				
7. Was child slow to reach any developmental milestones such as sitting, crawling, walking, talking, coloring?				
8. Any known visual or hearing difficulties?				
9. Any history of ear infections?				
<b>FOR CHILDREN AGES 3 AND OLDER</b>				
10. My child seems to talk less than others the same age.				
11. My child's speech is difficult to understand.				
12. My child cannot follow simple directions such as find the ball or get your coat.				
13. My child is frustrated when his speech is not understood.				
14. My child speaks using one to two word phrases rather than short three to four word sentences				
15. My child has had difficulty with toilet training.				
16. My child appears physically weaker than others his age.				
17. My child is currently receiving special services through the school district.				

Do you have any specific concerns regarding your child's growth or development? \_\_\_\_\_

Please return this questionnaire to: Beth Martin, Director of Student Services 3223 IL Route 176 Crystal Lake, IL 60014 <b>Questions? – Contact Beth @ 815-459-3557 x207 or BMartin@dist46.org</b>	Information obtained from this questionnaire is for School District 46 use only and will not be shared with other agencies without specific written consent from the parent. Information gathered will be utilized to determine upcoming enrollment for staffing purposes and serve as a means for child find requirements as outlined by the Illinois State Board of Education.
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