

**Parent Response
Child Development Survey**

(Survey information is confidential and will be used to plan an appropriate educational program.)

Date: _____

Child's name _____ Parent/Guardian _____

1. Child has participated in: (circle all that apply)

Preschool Mother's Day Out Day Care Sunday School Head Start

- | | | |
|--|-----|----|
| 2. Child had normal healthy birth experience. | Yes | No |
| 3. Complications or concerns at birth | Yes | No |
| 4. Child has been hospitalized since birth for any reason | Yes | No |
| 5. Child has frequent illnesses (note in comments) | Yes | No |
| 6. Child takes frequent medications (note in comments) | Yes | No |
| 7. Child sleeps well and gets about 8 hours sleep a night | Yes | No |
| 8. Child speaks clearly for their age | Yes | No |
| 9. Child was walking by the age of 12 months or earlier | Yes | No |
| 10. Child speaks using complete sentences. | Yes | No |
| 11. Others can easily understand when your child talks to them | Yes | No |
| 12. Child can tell you their first and last name | Yes | No |
| 13. Child dresses him/her self | Yes | No |
| 14. Child takes care of toileting needs | Yes | No |
| 15. Child washes his/her own hands | Yes | No |
| 16. Child shares well with others during play | Yes | No |
| 17. Child understands acceptable and unacceptable behavior | Yes | No |
| 18. Child can follow one and two step simple instructions | Yes | No |
| 19. Child is capable of throwing a fit to get their way | Yes | No |
| 20. Child asks for help when it is needed | Yes | No |

Comments: (list any additional comments or information that you feel will help determine the best educational program for your child)

Initial Enrollment Prior Participation Form

Student Information

The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment into a school district. Please print legibly.

Student Legal Name: _____
First Middle Last

Student Date of Birth: _____
Month Day Year

Student Gender - Please check one: Male Female

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

PROGRAM	YES	NO
A childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHS licensed childcare program)		
The Sooner Start program operated by the State Department of Education		
The Oklahoma Parents as Teachers (OPAT) program operated by the State Department of Education		
The Children First program operated by the State Department of Health		
Any child abuse prevention program operated by the State Department of Health		
Any federally funded Head Start program		