

**Head Start Family and Child Experiences Survey  
Teacher's Child Report Form – Spring 2004**

ID number: _____
Child name: _____
Birth date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female

**SECTION A. Child's Accomplishments**

These questions are about things that different children do at different ages. These things may or may not be true for this child. *(Please circle the number code to indicate your response.)*

1. Can this child recognize...
- |  |   |
|--|---|
| All of the letters of the alphabet,..... | 1 |
| Most of them, .....                      | 2 |
| Some of them, or.....                    | 3 |
| None of them?.....                       | 4 |

2. How high can this child count? Would you say...
- |                          |   |
|--------------------------|---|
| Not at all, .....        | 1 |
| Up to five, .....        | 2 |
| Up to ten,.....          | 3 |
| Up to twenty, .....      | 4 |
| Up to fifty, or.....     | 5 |
| Up to 100 or more? ..... | 6 |

3. Can this child button (his/her) clothes?
- |           |   |
|-----------|---|
| YES ..... | 1 |
| NO .....  | 2 |

4. Does this child hold a pencil properly?
- |           |   |
|-----------|---|
| YES ..... | 1 |
| NO .....  | 2 |

5. How often does this child like to write or pretend to write? Would you say...
- |                                 |   |
|---------------------------------|---|
| Never,.....                     | 1 |
| Has done it once or twice,..... | 2 |
| Sometimes, or .....             | 3 |
| Often? .....                    | 4 |

6. Does this child mostly write and draw rather than scribble?

YES..... 1  
NO..... 2

7. Can this child write (his/her) first name even if some of the letters are backward?

YES..... 1  
NO..... 2

8. Does this child trip, stumble, or fall easily?

YES..... 1  
NO..... 2

9. When this child speaks, is (he/she) understandable to a stranger?

YES..... 1  
NO..... 2

10. Does this child stutter or stammer?

YES..... 1  
NO..... 2

11. Does this child ever look at a book with pictures and pretend to read?

YES..... 1  
NO..... 2

12. Does this child recognize (his/her) own first name in writing or in print?

YES..... 1  
NO..... 2

13. Can this child identify the colors red, yellow, blue, and green by name? Would you say...

All of them, ..... 1  
Some of them, or..... 2  
None of them?..... 3

**SECTION B. Social Skills**

Please describe this child according to how often he/she has behaved in the following ways during the past month, from “never,” to “sometimes” to “very often.” For each item, circle only one code.

	<b>Never</b>	<b>Sometimes</b>	<b>Very often</b>
1. Follows the teacher's directions.....	1	2	3
2. Makes friends easily .....	1	2	3
3. Does not get upset when teased by classmates.....	1	2	3
4. Joins an ongoing activity or group without being told to do so .....	1	2	3
5. Invites others to join in activities .....	1	2	3
6. Waits her or his turn in games or other activities.....	1	2	3
7. Helps in putting work materials or center property away .....	1	2	3
8. Gives compliments to classmates .....	1	2	3
9. Says nice things about herself or himself when appropriate.....	1	2	3
10. Follows the rules when playing games with others.....	1	2	3
11. Uses free time in acceptable ways .....	1	2	3
12. Accepts classmates' ideas for sharing and playing .....	1	2	3

**SECTION C. Classroom Conduct**

Please describe this child according to how true each of these statements has been during the past month, from “not true” to “somewhat or sometimes true” to “very true or often true.” For each item, circle only one code.

	<b>Not true</b>	<b>Somewhat or sometimes true</b>	<b>Very true or often true</b>
1. Acts too young for his or her age.....	1	2	3
2. Can't concentrate, can't pay attention for long.	1	2	3
3. Disobeys rules or requests .....	1	2	3
4. Disrupts ongoing activities .....	1	2	3
5. Hard to understand what he or she is saying ..	1	2	3
6. Hits or fights with others .....	1	2	3
7. Keeps to herself or himself; tends to withdraw.....	1	2	3
8. Lacks confidence in learning new things or trying new activities.....	1	2	3
9. Is nervous, high-strung, or tense .....	1	2	3
10. Is very restless, fidgets all the time, can't sit still.....	1	2	3
11. Often seems sleepy or tired in class.....	1	2	3
12. Has temper tantrums or hot temper .....	1	2	3
13. Often seems unhappy, sad, or depressed.....	1	2	3
14. Worries about things for a long time .....	1	2	3

**SECTION D. Preschool Learning Behavior Scale**

Please describe this child according to how true each of these statements has been during the past month, from “not true” to “somewhat or sometimes true” to “very true or often true.”

For each item, circle only one code.

	<b>Not true</b>	<b>Somewhat or sometimes true</b>	<b>Very true or often true</b>
1. Pays attention to what you say .....	1	2	3
2. Says tasks are too hard without making much effort to attempt it .....	1	2	3
3. Is reluctant to tackle a new activity .....	1	2	3
4. Sticks to an activity for as long as can be expected for a child of this age .....	1	2	3
5. Adopts a don't-care attitude to success or failure .....	1	2	3
6. Seems to take refuge in helplessness .....	1	2	3
7. Follows peculiar and inflexible procedures in tackling activities.....	1	2	3
8. Shows little desire to please you .....	1	2	3
9. Is unwilling to accept help even when an activity proves too difficult.....	1	2	3
10. Acts without taking sufficient time to look at the problem or work out a solution.....	1	2	3
11. Cooperates in group activities .....	1	2	3
12. Bursts into tears when faced with a difficulty ...	1	2	3
13. Has enterprising ideas which often don't work out. ....	1	2	3
14. Is distracted too easily by what is going on in the room, or seeks distractions.....	1	2	3
15. Cannot settle into an activity .....	1	2	3
16. Gets aggressive or hostile when frustrated .....	1	2	3
17. Is very hesitant in talking about his or her activity.....	1	2	3
18. Shows little determination to complete an activity, gives up easily. ....	1	2	3

	<b>Not true</b>	<b>Somewhat or sometimes true</b>	<b>Very true or often true</b>
19. Uses headaches or other pains as a means of avoiding participation .....	1	2	3
20. Is willing to be helped .....	1	2	3
21. Is too lacking in energy to be interested in anything or to make much effort .....	1	2	3
22. Relies on personal charm to get others to find solutions to the problems he or she meets .....	1	2	3
23. Invents silly ways of doing things.....	1	2	3
24. Doesn't achieve anything constructive when in a mopey or sulky mood.....	1	2	3
25. Shows a lively interest in the activities.....	1	2	3
26. Tries hard but concentration soon fades and performance deteriorates.....	1	2	3
27. Carries out tasks according to own ideas rather than in the accepted way.....	1	2	3
28. Accepts new activities without fear or resistance .....	1	2	3
29. Is dependent on adults for what to do, and takes few initiatives.....	1	2	3

**SECTION E. Health and Developmental Conditions or Concerns**

1. Has any professional such as a doctor or other health or education professional mentioned this child having a developmental problem or delay, for example, any special need or disability, such as physical, emotional, language, hearing difficulty or other special need? *Please circle one.*

Yes .....1 (GO TO Q2)  
 No .....2 (GO TO Q3)  
 Don't Know .....7 (GO TO Q3)

2. How did the doctor or other health or education professional describe this child's needs or disability? *Please circle all that apply.*

VISION IMPAIRMENT .....	01	} (GO TO Q5)
BLINDNESS .....	02	
HEARING IMPAIRMENT/HARD OF HEARING .....	03	
DEAFNESS .....	04	
MOTOR IMPAIRMENT.....	05	
SPEECH IMPAIRMENT/ DIFFICULTY COMMUNICATING	06	
MENTAL RETARDATION .....	07	
DEVELOPMENT DELAY.....	08	
AUTISM.....	09	
BEHAVIOR PROBLEMS/HYPERACTIVITY/ ATTENTION DEFICIT .....	10	
OTHER (Specify _____)...	11	
Don't Know .....	77	

3. Since this child has enrolled in Head Start, has anyone reported **concerns** about his/her health or development?

*Note: This item does not refer to normal health concerns (e.g. "she has a lot of colds"); it refers to the conditions listed in Question #2 above. The concerns may be identified by yourself, another staff member, a parent or anyone else.*

Yes.....1 (GO TO Q 4)  
 No .....2 (END OF QUESTIONNAIRE)  
 Don't Know.....7 (END OF QUESTIONNAIRE)

4. To your knowledge, what areas of this child's health and development appear to be of concern? *Please circle all that apply.*

VISION IMPAIRMENT .....	01
BLINDNESS .....	02
HEARING IMPAIRMENT/HARD OF HEARING .....	03
DEAFNESS .....	04
MOTOR IMPAIRMENT.....	05
SPEECH IMPAIRMENT/DIFFICULTY COMMUNICATING .	06
MENTAL RETARDATION .....	07
DEVELOPMENT DELAY.....	08
AUTISM.....	09
BEHAVIOR PROBLEMS/HYPERACTIVITY/ ATTENTION DEFICIT .....	10
OTHER (Specify _____)...	11
Don't Know .....	77

5. What has been done so far to address the child's condition or the concerns about the child's health and development? *Please circle all that apply.*

*The definition of IFSP/IEP is as follows: "a written plan that describes goals for this child and the services [he/she] should receive."*

Discussions/plans are in progress.....	1
A specialist has been contacted.....	2
The child has been observed or evaluated .....	3
A meeting with the parents and the special needs team has been made.....	4
An individualized education plan (IEP) or an Individual Family Service Plan (IFSP) has been developed .....	5
Modifications or accommodations to the classroom or class activities have been made .....	6
Don't Know .....	7