Southern Local Elementary School
38095 State Route 39
Salineville, Ohio 43945
Telephone: 330-679-2301 or 330-679-2343
Fax: 330-679-3004

Early Prevention of School Failure
Parent Observation Form

Name of Child: ____

Birthdate: ______________________________

Relationship to Child: ____

Please answer the questions on these forms in the best way that you can. You will be able to answer some quite easily and you will have difficulty in making a decision on others. Your answers on this form will help the school staff decide with you and the teacher what kind of educational program is best suited for your child.

These questionnaires are confidential and your responses will be shared only with professional personnel and only if the information learned will help in planning an educational program for your child.

Child's Name: ______________________________ Birthdate: ____________

PLACE AN X ON THE BEST ANSWER

	YES	NO
Has this child ever had any ear/hearing examination or treatment: (Mark one)		

When? __________ Who? ________ Results ______________________________

	YES	NO
Do you suspect hearing problems?		
Does this child:		
1. Seem to have difficulty hearing?		
2. Turn up the TV louder than other members of the family?		
3. Seem to favor one ear over the other?		
4. Jump or appear to be more startled than others if there is a Sudden noise?		
5. Seem to hear you if you talk in a whisper?		
6. Make you talk loudly or repeat frequently?		
Has this child ever had a vision examination or treatment? (Mark one)		

When? __________ Who? ______________ Results ______________________________

	YES	NO
Do you suspect any vision problems?		
Does this child:		
1. Seem to have difficulty seeing small lines or pictures?		
2. Seem to have a problem seeing things far away?		
3. Squint?		
4. Have eyes that turn in?		
5. Have eyes that turn out?		
6. Sit very close to television?		
7. Rub eyes a lot?		

Child's Name: ______________________________________ Birthdate: ____________

At what age did this child first begin to speak? Give approximate age if you do not remember exact age:

First words: __________ Two or three words together: ________ Sentences: __________

Does this child stutter? ☐ ☐

This child began walking at age (if guess, label as such) Age: ____________________

Do you feel that your child have adequate muscle coordination? ☐ ☐

Please check Yes, Sometimes, No, or Nor Sure for each of the following questions:

It is my (our) opinion that this child:	YES	SOMETIMES	NO	NOT SURE
1. Has regular playmates the same age.	☐	☐	☐	☐
2. Has difficulty getting along with other children.	☐	☐	☐	☐
3. Has difficulty expressing self.	☐	☐	☐	☐
4. Prefers to play with other children instead Of alone.	☐	☐	☐	☐
5. Is difficult to understand when talking.	☐	☐	☐	☐
6. Seems generally happy.	☐	☐	☐	☐
7. Is frequently irritable or moody.	☐	☐	☐	☐
8. Is upset by change in routine.	☐	☐	☐	☐
9. Demands much individual adult attention.	☐	☐	☐	☐
10. Accepts discipline and limits.	☐	☐	☐	☐
11. Becomes confused in following two verbal Directions at a time.	☐	☐	☐	☐
12. Has difficulty remembering things for a Long time.	☐	☐	☐	☐

Child's Name: ______________________________ Birthdate: ____________

13. Has difficulty remembering things for a Short time. ☐ ☐ ☐ ☐
14. Is easily frustrated. ☐ ☐ ☐ ☐
15. Cries easily. ☐ ☐ ☐ ☐
16. Cooperates willingly. ☐ ☐ ☐ ☐
17. Has a bad temper. ☐ ☐ ☐ ☐
18. Can use a fork and spoon without help. ☐ ☐ ☐ ☐
19. Can catch a ball thrown to him. ☐ ☐ ☐ ☐
20. Enjoys physical activities. ☐ ☐ ☐ ☐
21. Loses balance, trips and falls. ☐ ☐ ☐ ☐
22. Has difficulty running. ☐ ☐ ☐ ☐
23. Is dealing with family stress, such as illness, Death, or separation. ☐ ☐ ☐ ☐
24. Did your child attend a pre-school? ☐ ☐ ☐ ☐

If yes, number of years: ________ Name of school: ______________________________

Number of Bothers: __________ Ages: ____________ Number of sisters: ________ Ages: __________

How old are this child's favorite playmates? ____________________

What kind of things do you like to do with child? ______________________________

Is there any other information that will help us understand this child?

____

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Thank you for your patience in filling out this questionnaire.