Student Name: _____ Today's Date: _____

SOCIAL/EMOTIONAL SURVEY

Please indicate which programs your child has participated in.

☐Great Start Readiness Program (GSRP) ☐Tuition-based Preschool ☐Head Start

☐Early Childhood Special Education (ECSE) ☐Private Child Care Center ☐Family/Relative Child Care

☐Young 5's / Developmental Kindergarten / Transitional Kindergarten ☐Early On

Program and Location:_____ ☐None (Home)

What is the schedule of your child's primary form of care?

☐Part-day, 4 days per week ☐Part-day, 5 days per week ☐Other schedule

☐School-day, 4 days per week ☐School-day, 5 days per week ☐Stays home

Was behavior an area of concern during this time? ☐No ☐Yes _____

Have you noticed any of the following behaviors during social outings?							
	Often	**Sometimes**	**Never**		**Often**	**Sometimes**	**Never**
Frequent meltdowns?				Prefers to play alone?			
Difficulty interacting with other children?				Is able to share toys/preferred items?			
They seek out interaction with other peers?				Difficulty separating from caregiver?			

How does your child respond to changes in routines or schedules?		
☐**Well** - Child demonstrates flexibility & age level social/emotional functioning	☐**Some difficulty** - Reaction includes yelling or crying, but is able to be redirected	☐**Significant difficulty** - Reacts with physical aggression or heightened emotions

How does your child do with completing tasks that require sitting for more than 5-10 minutes? *(e.g., listening to a book or sitting for dinner)*		
☐**Well** - Can complete task independently	☐**Some difficulty** - Can complete task with some movement	☐**Significant difficulty** - Unable to do so

How does your child do with following 1 or 2 step directions?		
☐**All the time**	☐**Some of the time**	☐**Unable to do so at this time**

How does your child respond to frustration?			
☐**Physically/Emotionally acts out**	☐**Asks for help from an adult**	☐**Independently solves the problem**	☐**Shuts down/cries**

Is or has your child ever received?		
☐Counseling	☐Play Therapy	☐Occupational Therapy
☐Speech Services	☐Physical Therapy	☐Outside Evaluation

Please add any additional comments or information:

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