

# Marks of Excellence Child Care Parent Survey

Name: \_\_\_\_\_

Date \_\_\_\_\_

Please circle Yes or No:

## 1- Academics

- |   |        |
|---|--------|
| a) My child can write his/her name.                   | Yes/No |
| b) My child can count 1-10.                           | Yes/No |
| c) My child can identify numbers 1-10.                | Yes/No |
| d) My child can identify all letters of the alphabet. | Yes/No |

## 2- Speech/Language Development

- |   |        |
|---|--------|
| a) My child can speak in full sentences.    | Yes/No |
| b) My child has age-appropriate vocabulary. | Yes/No |
| c) My child can speak clearly.              | Yes/No |

## 3- Physical Development

- |                                    |        |
|------------------------------------|--------|
| a) My child can actively run.      | Yes/No |
| b) My child can hop and skip.      | Yes/No |
| c) My child can grasp small items. | Yes/No |

## 4- Social Development

- |   |        |
|---|--------|
| a) My child shares with other children.                       | Yes/No |
| b) My child gets easily upset.                                | Yes/No |
| c) My child can take care of own needs independently. (Potty) | Yes/No |
| d) My child has an Individualized Education Plan. (IEP)       | Yes/No |
| e) My child has a Individualized Family Service Plan. (IFSP)  | Yes/No |
| f) My child manages separations without distress              | Yes/No |
| g) My child regulates own emotions and behaviors.             | Yes/No |
| h) My child understands limits.                               | Yes/No |

## 5- Please tell us about how you communicate with your child:

- What language do you and your child speak with each other at home? \_\_\_\_\_
- Does your child speak another language with other family members? \_\_\_\_\_
- What is your child's dominant language? \_\_\_\_\_

6- Words that describe your child \_\_\_\_\_

7- What are your child's strengths? \_\_\_\_\_

8- Are there any areas in which you would like to see your child improve? \_\_\_\_\_

9- Do you have any concerns regarding your child developmentally or emotionally that you are willing to share so we can partner with you to provide additional support? (Please feel free to use the backside of the form for additional comments. \_\_\_\_\_)