



INFINITY
PEDIATRICS

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WELCOME TO INFINITY PEDIATRICS!

You have received this form, as we will be seeing this child for questions around developmental/learning/behavioural difficulties. As the child's preschool teacher, we are asking for some additional info, so that we can make the most of our first appointment with the family.

The following questionnaire is from the Canadian Pediatric Society. Since it is meant to provide information on a variety of concerns, some of the questions may not be applicable. Furthermore, if you have any speech/physiotherapy/occupational therapy assessments, etc, please send them to us. If you feel that the questions do not adequately capture the concerns for this child, feel free to attach a letter with your concerns or call our office to book a phone appointment with the pediatrician.

Once you complete the questionnaire, please give back to the family (or if the family prefers email/fax/mail directly to us), as the family will be required to provide us with school information **before** the appointment is booked.

Thank-you in advance for providing us with this very useful information!

Sincerely,
The Pediatricians at Infinity Pediatrics

PRESCHOOL/KINDERGARTEN QUESTIONNAIRE

Child's name: _____ Birth date: _____

Parent/Guardian: _____

To the teacher: Your careful completion of this questionnaire, which will help us to assess this child's needs, is greatly appreciated. Please return to: _____

Name of preschool/kindergarten: _____ Contact name: _____

Address: _____ City/province: _____ Postal code: _____

Phone: _____ Fax: _____

Type of program

| | | | | | |
|--------------------------|--------------------------|--------------------------|----------|--------------------------|---------------|
| <input type="checkbox"/> | Nursery school/preschool | <input type="checkbox"/> | Half-day | <input type="checkbox"/> | Regular |
| <input type="checkbox"/> | Kindergarten | <input type="checkbox"/> | Full-day | <input type="checkbox"/> | Special needs |

Date child was enrolled: _____ Who initiated this referral? _____

Please list any specific questions or concerns for which you would like help:

What are the child's greatest strengths?

What are the child's weaknesses or difficulties?

Describe the child's learning style (activity level, organizational skills, impulsiveness, etc.):

Describe the child's behaviour:

Describe the child's peer relationships and social interaction skills:

Which of the following resources are available to your school?

| Professional | Consultant or agency | Is this child currently involved? |
|----------------------------------|----------------------|-----------------------------------|
| Special education teacher | | |
| Special education assistant/aide | | |
| Special education program | | |
| Speech-language therapy | | |
| Physiotherapy | | |
| Occupational therapy | | |
| Psychologist | | |
| Community health nurse | | |
| Social worker | | |
| Other (specify) | | |

Please assess the child in the following areas:

| Skill set | Major concern | Minor concern | No concern | Cannot judge | Comments |
|---------------------------|---------------|---------------|------------|--------------|----------|
| Gross motor skills | | | | | |
| Posture | | | | | |
| Awkward gait | | | | | |
| Frequently falls | | | | | |
| Easily fatigued | | | | | |
| Tip-toe walking | | | | | |

| Skill set | Major concern | Minor concern | No concern | Cannot judge | Comments |
|---|---------------|---------------|------------|--------------|----------|
| Gross motor skills (cont'd) | | | | | |
| Ball skills | | | | | |
| Playground skills | | | | | |
| Playground safety | | | | | |
| Coordination | | | | | |
| Other (specify) | | | | | |
| Fine motor skills | | | | | |
| Crayon/pencil skills | | | | | |
| Use of scissors | | | | | |
| Easily fatigued when printing | | | | | |
| Hand dominance (switching hands) | | | | | |
| Puzzle skills | | | | | |
| Other (specify) | | | | | |
| Self-help skills | | | | | |
| Undressing self | | | | | |
| Dressing self | | | | | |
| Use of zippers/buttons | | | | | |
| Feeding self | | | | | |
| Washing hands/face | | | | | |
| Helping clean up | | | | | |
| Toileting routines | | | | | |
| Toileting accidents/soiling | | | | | |
| Other (specify) | | | | | |
| Social skills | | | | | |
| Interest in peers | | | | | |
| Initiation of interactions with peers | | | | | |
| Social responses to peers | | | | | |
| Group play with peers | | | | | |
| Imaginative play | | | | | |
| Solitary play | | | | | |
| Repetitive motor movements or behaviours (spinning, flapping, tics) | | | | | |
| Ability to share | | | | | |
| Turn-taking | | | | | |

| Skill set | Major concern | Minor concern | No concern | Cannot judge | Comments |
|--|---------------|---------------|------------|--------------|----------|
| Offering comfort | | | | | |
| Compliance with rules and limits | | | | | |
| Adjustment to new or changed routines | | | | | |
| Behaviour | | | | | |
| Attention span | | | | | |
| Impulsivity | | | | | |
| Hyperactivity or motor restlessness | | | | | |
| Physical aggression | | | | | |
| Destructive tendencies | | | | | |
| Temper tantrums | | | | | |
| Breath-holding spells | | | | | |
| Unusual fears | | | | | |
| Obsessive interests/ topics | | | | | |
| Ritual behaviours | | | | | |
| Phobias | | | | | |
| Somatic complaints (stomach aches, headaches, pains) | | | | | |
| Difficult temperament/ moods | | | | | |
| Other (specify) | | | | | |
| Receptive language skills | | | | | |
| Following 1-step instructions | | | | | |
| Following 2-step instructions | | | | | |
| Listening in a group | | | | | |
| Listening to stories | | | | | |
| Listening to rhymes and tunes | | | | | |
| Other (specify) | | | | | |
| Expressive language | | | | | |
| Pronunciation | | | | | |
| Speaking in phrases/ sentences | | | | | |
| Taking turns in conversation | | | | | |

| Skill set | Major concern | Minor concern | No concern | Cannot judge | Comments |
|--|---------------|---------------|------------|--------------|----------|
| <i>Expressive language (cont'd)</i> | | | | | |
| Effective verbal communication | | | | | |
| Stuttering | | | | | |
| Other (specify) | | | | | |
| <i>Academic readiness skills</i> | | | | | |
| Knowledge of sizes/shapes | | | | | |
| Knowledge of colours | | | | | |
| Letter recognition | | | | | |
| Number recognition | | | | | |
| Rote count 1 to 10 | | | | | |
| Knowledge of number concepts | | | | | |
| Ability to read and print first name | | | | | |
| Other (specify) | | | | | |

Has there been a deterioration, loss, or plateauing of previously acquired skills in the past year?

No Yes (specify:) _____

General comments: _____

Name of person filling out this form: _____ Title: _____

Signature: _____ Date: _____

Please attach copies of the child's latest assessment or progress reports and include any other information that might help in assessment of this child.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

