

Parent Feedback Form—First Grade

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Child's Name _____

Child's Age _____ Date _____

Parent's Name _____

Purpose: As a parent, you know your child best. Your feedback will help your child's teacher plan instruction for your child. Use the items listed below to guide your feedback.

Directions: Read each item and click the response ("No," "Uncertain," or "Yes") that best reflects your child's behavior or skill level.

Language Development

Does your child	No	Uncertain	Yes
1. answer "why" questions?			
2. follow three-step verbal directions in the sequence given?			
3. speak in complete sentences of at least seven words and with speech that is understood?			

Academic Skills/Cognitive Development

Can your child	No	Uncertain	Yes
4. tell others his/her telephone number (if applicable)?			
5. tell others his/her complete address (with zip code)?			
6. tell others his/her birth date (month, day, and year)?			
7. recognize and name all lowercase letters?			
8. recognize and name all uppercase letters?			
9. print some lowercase letters in sequence?			
10. print some uppercase letters in sequence?			
11. try to read words by using phonics, context clues, or picture clues?			
12. read independently for meaning?			
13. auditorily discriminate if two one-syllable words with the same beginning or ending are the same or different? (i.e., date-late, nay-nay; bit-bit, sum-sun)			
14. name parts of the body such as those listed below when pointed to? (If "Yes," click all that apply.) jaw heels ankles hips wrist waist			
15. count by rote to twenty?			
16. count by rote to thirty?			
17. recognize all numerals to twenty?			
18. write numerals in sequence to ten?			
19. compute addition facts with sums to 6?			
20. compute subtraction facts with minuends to 8?			

Physical Development

Does your child	No	Uncertain	Yes
21. walk backward toe-to-heel a distance of 6 feet?			
22. discriminate between his/her right hand and left hand?			
23. follow the pattern of working left to right and top to bottom when appropriate?			
24. visually discriminate which one of four letters is different?			
25. visually discriminate which one of four one-syllable words is different?			
26. print his/her first name?			
27. print his/her last name?			
28. draw a picture of a person that includes ten body parts such as ears, nose, mouth, hands, and hair?			
29. successfully complete arts and crafts projects appropriate for age?			
30. *appear to have good physical health and stamina?			
31. *appear to be free of physical/mental conditions or problems that might cause a need for special services?			

*If the answer to this question is "No" or "Uncertain," please explain any conditions or problems on a separate page by clicking [here](#).

Self-help Skills

Does your child	No	Uncertain	Yes
32. dress himself/herself?			
33. tie his/her shoes?			
34. totally care for grooming needs (wash face, wash hands, brush hair)?			
35. cover mouth and nose when coughing and sneezing?			

Social and Emotional Development

Does your child	No	Uncertain	Yes
36. usually react to disappointment and failure in an acceptable manner?			
37. usually share and take turns willingly?			
38. usually play cooperatively in a small-group activity or game?			
39. usually show concern that another child is not hurt in play?			
40. usually share ideas willingly when requested to by an adult?			
41. usually approach new tasks with confidence?			
42. usually follow verbal conversational rules?			
43. usually ask before using another student's toy or things?			

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Please explain any conditions or problems in the box below: