

# Parent Feedback Form—Two-Year-Old Child Remember to save this document when you have finished.

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Date \_\_\_\_\_

Teacher'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. orally express needs and make requests?			
2. use two words that relate, such as <i>I run</i> or <i>Me do</i> ?			
3. use personal pronouns to refer to others ( <i>he, she, her, him</i> )?			
4. speak so that you understand at least 50% of what he/she says?			
5. use three words in combination that relate, such as <i>I want it</i> ?			
6. follow one-step directions?			
7. identify (match) the colors red, blue, green, yellow, and orange?			
8. point to parts of the body as listed below when requested? (If "Yes," click all that apply.)    feet    ears    head    tongue    teeth    legs			
9. name common people or objects in pictures as listed below? (If "Yes," click all that apply.)    man    girl    woman    boy    tree    bird			

## Academic Skills/Cognitive Development

Does your child	No	Uncertain	Yes
10. tell others his/her first name?			
11. tell others his/her last name?			
12. tell others his/her gender?			
13. understand the words <i>in</i> and <i>out</i> ?			
14. understand the words <i>big</i> and <i>little</i> ?			
15. understand the directions <i>Put it in the ____</i> and <i>Bring me the ____</i> ?			
16. turn pages one by one in a book?			
17. ask questions about stories?			
18. understand the concept of <i>just one</i> ?			
19. understand the concept of <i>one more</i> ?			

## Physical Development

Does your child	No	Uncertain	Yes
20. walk with a normal gait and with hands swinging at his/her side?			
21. run well, stopping and starting with ease?			

Does your child	No	Uncertain	Yes
22. perform gross motor skills such as jumping off floor with both feet and standing on one foot momentarily?			
23. build a single-column tower with three or more one-inch blocks? (If "Yes," click the greatest number of blocks in the tower.)    3    4    5    6			
24. scribble with crayon, but lack control, and lose contact with paper?			
25. scribble with crayon, with control, and seldom lose contact with paper?			
26. use same hand consistently as dominant hand?			
27. turn reachable doorknob to open door?			
28. nest or stacks objects that are graduated in size?			
29. *appear to have good physical health and stamina?			
30. *appear to be free of physical/psychological conditions or problems that might indicate 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
31. eat from a spoon without spilling?			
32. remove his/her shirt or coat?			
33. put on long-sleeved garment with opening in front so arms are in correct sleeve (example: long-sleeved shirt)?			
34. button large front buttons?			
35. anticipate and verbalize/communicate toileting needs fairly consistently?			
36. usually maintain bowel control?			
37. urinate without toileting assistance?			
38. wash hands with assistance?			

## Social and Emotional Development

Does your child	No	Uncertain	Yes
39. identify with children of the same age and gender?			
40. watch other children play and join in briefly?			
41. have a warm response to most adults?			
42. play in the presence of other children?			
43. imitate an activity such as housework in play?			
44. usually accept limits set by an adult?			
45. show pride in new accomplishments?			
46. usually help put things away?			
47. show signs of developing independence by demanding less help or by saying, <i>I can do it myself</i> ?			

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Please explain any conditions or problems in the box below: