

Parent Feedback Form—Three-Year-Old Child

Remember to save this document when you have finished.

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. orally express needs and make requests?			
2. repeat simple sentences of eight syllables in length?			
3. correctly use prepositions and irregular plural nouns?			
4. follow one-step directions?			
5. identify (point to) the colors red, blue, green, yellow, and orange?			
6. tell use of objects such as book, scissors, and stove?			
7. point to parts of the body as listed below when requested?			
(If "Yes," click all that apply.) stomach neck back knees thumbs fingernails			
8. name common objects in pictures as listed below?			

(If "Yes," click all that apply.) boat scissors kite wagon ladder fish

Academic Skills/Cognitive Development

Can your child	No	Uncertain	Yes
9. tell others his/her first name?			
10. tell others his/her last name?			
11. tell others his/her age?			
12. talk about actions in books?			
13. listen attentively to stories read to him/her?			
14. recognize front and back of book?			
15. take part in reading by filling in words and phrases when read to?			
16. demonstrate the concepts of two, three, and five by giving correct quantity when requested?			
17. count by rote to five?			

Physical Development

Does your child	No	Uncertain	Yes
18. usually go up and down stairs without difficulty?			
19. stand on one foot for five seconds?			
20. stand on other foot for five seconds?			

Does your child	No	Uncertain	Yes		
21. walk forward heel-to-toe four steps?					
22. consistently use the same hand for performing?					
23. copy a vertical line? ()					
24. copy a horizontal line? (—)					
25. copy a circle?					
26. copy a plus sign?					
27. use scissors to cut paper?					
28. build a tower with one-inch blocks?					
(If "Yes," click the greatest number of blocks in the tower.)	6	7	8	9	10
29. *appear to have good physical health and stamina?					
30. *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
31. hold glass with one hand while drinking?			
32. control spoon or fork when eating?			
33. hold spoon or fork in fingers, not fist?			
34. wash and dry his/her hands without help?			
35. undress without help?			
36. dress without help?			
37. fasten (button) clothing?			
38. care for toileting needs with assistance?			

Social and Emotional Development

Does your child	No	Uncertain	Yes
39. greet others in an appropriate manner?			
40. usually play well with at least one child?			
41. show concern for using materials safely and appropriately?			
42. show pride in sharing new accomplishments and skills?			
43. usually make an effort to solve problems before seeking help?			
44. usually maintain interest in an activity for at least ten minutes?			
45. usually accept limits set by adults?			
46. usually reflect a happy disposition?			
47. usually take care of personal belongings?			

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Please explain any conditions or problems in the box below: