

# Parent Feedback Form—Four-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, your feedback is central to help 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. name five colors when requested?  |    |           |     |
| 2. name ten colors when requested?   |    |           |     |
| 3. follow two-step verbal directions in the sequence given?  |    |           |     |
| 4. name pictures of objects as listed below?   |    |           |     |
| (If "Yes," click all that apply.)    scissors    duck    snake    wagon    ladder    leaf    owl    nail |    |           |     |
| 5. name parts of the body as listed below when pointed to?   |    |           |     |
| (If "Yes," click all that apply.)    stomach    neck    back    knees    thumbs    fingernails           |    |           |     |
| 6. speak clearly in complete sentences (of at least three words)?  |    |           |     |

## Academic Skills/Cognitive Development

| Can your child  | No | Uncertain | Yes |
|---|----|-----------|-----|
| 7. tell others his/her first name?  |    |           |     |
| 8. tell others his/her last name?   |    |           |     |
| 9. tell others his/her age?   |    |           |     |
| 10. tell others his/her gender?   |    |           |     |
| 11. tell others his/her street address?   |    |           |     |
| 12. visually discriminate which one of four geometric forms is different?                 |    |           |     |
| 13. visually discriminate which one of four uppercase letters is different?               |    |           |     |
| 14. recognize some lowercase letters?   |    |           |     |
| 15. recognize some uppercase letters?   |    |           |     |
| 16. comprehend pictures depicting action in books?  |    |           |     |
| 17. count by rote to ten?   |    |           |     |
| 18. recognize different quantities of objects up to five, seven, and nine when requested? |    |           |     |
| 19. read numerals to ten?   |    |           |     |
| 20. sort objects by one and two attributes?   |    |           |     |

## Physical Development

| Does your child  | No | Uncertain | Yes |
|--|----|-----------|-----|
| 21. walk forward heel-to-toe five steps?   |    |           |     |
| 22. hop on one foot and other foot five times?   |    |           |     |
| 23. stand on one foot and other foot for ten seconds?  |    |           |     |
| 24. use the same hand as the preferred hand?   |    |           |     |
| 25. discriminate between his/her right hand and left hand?   |    |           |     |
| 26. copy a circle and a plus sign?   |    |           |     |
| 27. copy an X, a square, and a rectangle?  |    |           |     |
| 28. print his/her first name?  |    |           |     |
| 29. draw pictures that are recognizable?   |    |           |     |
| 30. use scissors to cut paper?   |    |           |     |
| 31. *appear to have good physical health and stamina?  |    |           |     |
| 32. *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 |
|---|----|-----------|-----|
| 33. dress without help?                 |    |           |     |
| 34. fasten (button) his/her clothing?   |    |           |     |
| 35. untie his/her shoes?                |    |           |     |
| 36. know which shoe goes on which foot? |    |           |     |
| 37. totally care for toileting needs?   |    |           |     |

## Social and Emotional Development

| Does your child   | No | Uncertain | Yes |
|---|----|-----------|-----|
| 38. greet others in an appropriate manner?                                  |    |           |     |
| 39. usually share and take turns willingly?                                 |    |           |     |
| 40. usually play well with at least one child?                              |    |           |     |
| 41. usually play cooperatively in a small-group activity or game?           |    |           |     |
| 42. show concern for using materials safely and appropriately?              |    |           |     |
| 43. willingly engage in a new activity?                                     |    |           |     |
| 44. usually continue a task until completed or until it is time to stop?    |    |           |     |
| 45. usually accept limits set by an adult?                                  |    |           |     |
| 46. express needs and requests verbally rather than by inappropriate means? |    |           |     |
| 47. usually reflect a happy disposition?                                    |    |           |     |

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Please explain any conditions or problems in the box below: