

Parent Feedback Form—Five-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. name ten colors when requested?			
2. name parts of the body as listed below when pointed to?			
(If "Yes," click all that apply.) thumbs fingernails chin chest elbows shoulders			
3. answer "where" and "when" questions?			
4. follow three-step verbal directions in the sequence given?			
5. speak clearly in complete sentences of at least five words?			

Academic Skills/Cognitive Development

Can this child	No	Uncertain	Yes
6. tell others his/her first and last name?			
7. tell others his/her age?			
8. tell others his/her street address?			
9. tell others his/her birth date (month and day)?			
10. tell others his/her telephone number (if applicable)?			
11. retell a story with a beginning, middle, and end?			
12. recognize most (20 or more) lowercase letters?			
13. recognize most (20 or more) uppercase letters?			
14. recognize his/her name in print?			
15. count by rote to ten?			
16. count by rote to 20?			
17. count by rote to 30?			
18. match quantities with numerals 2 through 4?			
19. match quantities with numerals 5 through 8?			
20. join groups of objects to six?			
21. join groups of objects to ten?			

Physical Development

Does your child	No	Uncertain	Yes
22. stand on one foot and other foot for ten seconds?			

Does your child	No	Uncertain	Yes
23. stand on one foot and other foot momentarily with eyes closed?			
24. walk backward toe-to-heel four steps?			
25. discriminate between his/her right hand and left hand?			
26. follow the pattern of working left to right and top to bottom?			
27. copy an X and a square?			
28. copy a rectangle and a triangle?			
29. copy a diamond?			
30. print his/her first name?			
31. print his/her last name?			
32. draw pictures that are recognizable?			
33. draw a picture of a person that includes five body parts such as head, legs, ears, arms, and trunk?			
34. draw a picture of a person that includes ten body parts such as eyes, nose, neck, hands, and mouth?			
35. successfully complete arts and crafts projects appropriate for age?			
36. *appear to have good physical health and stamina?			
37. *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
38. dress himself/herself?			
39. totally care for toileting needs?			
40. know which shoe goes on which foot?			
41. tie his/her shoes?			

Social and Emotional Development

Does your child	No	Uncertain	Yes
42. usually react to disappointment and failure in an acceptable manner?			
43. usually share and take turns willingly?			
44. willingly play cooperatively in a large-group activity or game?			
45. show concern for using materials safely and appropriately?			
46. usually make an effort to solve problems before seeking help?			
47. usually continue a task until completed or until it is time to stop?			
48. usually transition appropriately from one activity to another?			
49. usually ask before using another child's toy or things?			

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Please explain any conditions or problems in the box below: