

CHILD'S DEVELOPMENT

At Home:

Does your child-

| | | |
|--|-----|----|
| Do you have concerns about your child's sleeping patterns? | Yes | No |
| Go to bed at a consistent bedtime every night? | Yes | No |
| Works on homework independently? | Yes | No |
| Complete their homework in the same place every evening? | Yes | No |
| Pack a book bag independently? | Yes | No |
| Read regularly? | Yes | No |
| Have an organized morning routine that can be completed successfully everyday? | Yes | No |
| Have opportunities to play with other children? | Yes | No |
| Have chores? | Yes | No |
| Complete chores without a lot of reminders? | Yes | No |
| Communicate school information with family members? | Yes | No |
| Enjoy writing and/or drawing? | Yes | No |

How many hours a day does your child spend watching TV? _____

If you have answered "No" to any of the above, please use the space provided to elaborate:

At School:

Does your child-

| | | |
|---|-----|----|
| Use a homework pad effectively? | Yes | No |
| Complete long-term projects in a timely manner? | Yes | No |
| Keep an organized binder and/or work station? | Yes | No |
| Consistently obey the classroom rules? | Yes | No |
| Consistently turn all work in on time? | Yes | No |

If you have answered "No" to any of the above, please use the space provided to elaborate:

Does your child struggle with-

| | | |
|-------------------------|-----|----|
| Writing activities? | Yes | No |
| Reading comprehension? | Yes | No |
| Good penmanship habits? | Yes | No |
| Math activities? | Yes | No |

If you have answered "Yes" to any of the above, please use the space provided to elaborate:

Are there any other things that you would like to tell us about your child?
