

## Preschool Outreach Program CHILD CARE QUESTIONNAIRE (to be completed for all new referrals)

Child's Name:	Birth Date:	Chart #:
Child Care Name:	Date of Questionnaire:	
Days/Times in Program:	At Child Care Centre since:	
Outside and Lunch Times:	Classroom:	
Educator (name/title):	Email Address:	

**About POP:**

The Preschool Outreach Program (POP) works to support licensed child care centres in providing inclusive environments for children and families. Children attending a licensed child care program in the Durham region a minimum of two days/week, as well as children who have a developmental need identified by the child care provider and/or family are eligible for services from the program.

Does the child have an Individual Support Plan?      Yes       No

Is there any medical information (e.g., diagnosis, medications, allergies, etc.) the parent has shared?

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Reason(s) for referral including main area(s) of concern: \_\_\_\_\_

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Challenges during routines (e.g., lunch, group activities, outside, toileting) and transitions (e.g., between rooms, tidy up, pick up/drop off, dressing): \_\_\_\_\_

AREA OF DEVELOPMENT	Concerns? Yes/No	Comments
<b>Expressive Communication</b> How does the child expressive themselves? -pointing, gestures (reaching, shaking head, waving) -vocalizing, babbling -leads you by the hand -words (how many?) -phrase/sentence length (examples)		
<b>Speech/Articulation</b> How well is the child understood by you and other adults? Is the child understood by their peers? Is their speech clear? Are they clearer in single words than sentences? Examples of sound errors?		

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**Preschool Outreach Program**  
**CHILD CARE QUESTIONNAIRE**

Client Name: \_\_\_\_\_

Chart #: \_\_\_\_\_

<p><b>Stuttering/Fluency</b>  <i>Does the child stutter?</i>            -repeated sounds, syllables, words            -prolonged sounds</p>		
<p><b>Understanding Language</b>  <i>How does the child:</i>            -follow routines            -follow instructions (1-step, 2-step)            -respond to questions (yes/no, wh-)</p>		
<p><b>Pre-Language and Social Communication</b>  <i>The child's ability to communicate and connect with others, including:</i>            -initiating interactions with adults and peers            -eye contact, joint attention, response to name            -turn taking in a balanced interaction            -imitation            -attending, listening</p>		
<p><b>Play Skills</b>  <i>How does the child play with others?</i>            -parallel, interactive, cooperative  <i>How does the child play with toys?</i>            -variety of toys            -functional play, pretend play            -atypical play (lining up spinning, attention to small parts, clutching)</p>		
<p><b>Behaviour</b>  <i>Is the child shy, withdrawn, compliant, easily frustrated, aggressive, other?</i>  <i>How is the child's attention span?</i>  <i>Does the child transition easily?</i></p>		
<p><b>Hearing</b>  <i>Do you have concerns about the child's hearing?</i></p>		
<p><b>Feeding</b>  <i>Any feeding difficulties, including:</i>            -chewing/swallowing            (gagging/choking)/drooling            -picky eater/refuses to eat            -sensitive to certain textures, smells, etc.            -self-feeding (spoon, fork, cup), spilling?</p>		
<p><b>Fine Motor</b>  <i>Describe the child's ability to:</i>            -grasp small/thin items            -use a crayon/marker            -do puzzles            -shape sorters            -cut with scissors</p>		
<p><b>Sensory</b>  <i>Describe the child's tolerance for:</i>            -noise, lights, smells            -movement            -different textures (clothing, play, food)  <i>How is the child's balance?</i></p>		

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<b>Gross Motor</b> Describe concerns with the child's: -walking -running -climbing -sitting Is any equipment currently being used?		
<b>Self-Care</b> Describe the child's independence with: -dressing -undressing -hand washing -toileting		
<b>Other Agencies/Services</b> Resources for Exceptional Children and Youth, Durham Behaviour Management, Infant and Child Development, private therapy, other?		

Do the challenges described impact the child's participation in the program activities?    Yes             No

Please describe: \_\_\_\_\_  
 \_\_\_\_\_

Do these challenges impact on their social participation with peers and adults?            Yes             No

Please describe: \_\_\_\_\_  
 \_\_\_\_\_

In what developmental areas would the educators like support/strategies for this child? \_\_\_\_\_  
 \_\_\_\_\_

Any other relevant information (e.g., upcoming transition to new room, strategies tried/currently in place, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>For Parent(s):</b> <i>The educators have discussed their concerns and need for support with me. I have reviewed this document and I consent to a referral to the Preschool Outreach Program.</i>			
_____ Printed Name	_____ Signature	_____ Date	_____ Phone

**Please return Questionnaire to the attention of the Preschool Outreach Program Manager:**  
 • Fax: 905-728-2961    • Mail: 600 Townline Road South, Oshawa ON, L1H 7K6

<b>Determination of POP Referral (for internal use)</b>	
<input type="checkbox"/> Speech-Language Pathology (POP-SLP) <input type="checkbox"/> Physiotherapy (POP-PT)	<input type="checkbox"/> Occupational Therapy (POP-OT) <input type="checkbox"/> Audiology (POP-AU)

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