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**FRIEDMAN**  
**BRAIN**

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**PLEASE RETURN BY FAX TO: 905-764-6615**

<b>Child's Last Name</b>	<b>Child's First Name</b>	<b>Date of Birth</b>
<b>Name of School/Daycare</b>		<b>Date Enrolled:</b>
<b>Questionnaire Completed By:</b>		
<b>Name:</b>	<b>Position:</b>	<b>Completion Date:</b>
<b>Type of Program (Please describe program and class size)</b>		
<b>What are the child's greatest strengths?</b>		
<b>What are the child's needs or difficulties?</b>		
<b>How does the child get along with his/her peers?</b>		

**PRESCHOOL QUESTIONNAIRE**

<b>Please rate this child's ability in the following areas</b>				
<b>Gross Motor Skills</b>	<b>Concern</b>	<b>No Concern</b>	<b>Cannot Judge</b>	<b>Comments/Examples</b>
Runs into desks/chairs often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has good running skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbs on playground equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses/enjoys the slide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses/enjoys the swing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Catches a medium sized ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kicks a medium sized ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows short physical sequences in songs or gym class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rides a tricycle or bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sits independently at circle time, not leaning on others/wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Fine Motor Skills</b>	<b>Concern</b>	<b>No Concern</b>	<b>Cannot Judge</b>	
Has an established hand preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Switches hands when using a writing implement or scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cuts on a straight line with scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses a variety of tools such as markers, paint, brushes and stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can make circles and lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can put stickers on paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can print some letter and numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Holds crayon in a fist grip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Holds pencil with three or four fingers tips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plays with puzzles/construction books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Self Help Skills</b>	<b>Concern</b>	<b>No Concern</b>	<b>Cannot Judge</b>	
Undresses self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dresses self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does buttons/zippers/velcro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hangs up coat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opens snack containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses utensils (fork, spoon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Picky eater/eats the same food every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will eat or drink from only specific plates or cups/straws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is toilet trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows washroom routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PRESCHOOL QUESTIONNAIRE**

<b>Social Skills</b>	<b>Concern</b>	<b>No Concern</b>	<b>Cannot Judge</b>	
Approaches peers with interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Makes appropriate eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has one or two friends in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Looks for friend when entering the classroom or hanging outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relates well and plays with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takes turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiates and joins in play outside/ at recess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Withdrawn (in own world)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Makes embarrassing remarks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shows appropriate remorse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aggressive towards others' points of view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relates well with teachers/ authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Behaviour</b>	<b>Concern</b>	<b>No Concern</b>	<b>Cannot Judge</b>	
Can sit through circle time or assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rocks body/head bangs/ finger movements/toe walks/ paces/ spins self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mouths toys/objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Avoids messy play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeks messy play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Watches the movement of items up closely or unusual angles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engages in the same type of play frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cries easily or for a prolonged period of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Destroys toys/play setups (either their own or others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insistence or overreliance on routines, patterns of behaviour by teacher or other students (extreme rule follower)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to follow established routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transitions well from preferred to non-preferred activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can start an activity/ task on their own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often worries or has unusual fears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PRESCHOOL QUESTIONNAIRE**

<b>Play Skills</b>	<b>Concern</b>	<b>No Concern</b>	<b>Cannot Judge</b>	
Explores toys, notices new toys, moves around the room looking at different items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plays with cause-and-effect toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engages in functional play (using items the way they are to be used such as a play hammer in the tools section to hammer wood/other materials?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engages in simple pretend play (e.g. pouring 'pretend tea' into a cup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engages in sequenced pretend/ imaginative play (e.g. dressing up like a doctor, using the stethoscope to listen to the bear's heart, then putting it to sleep)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is able to 'go with the flow' in play with another child, sometimes being the leader, other times being the follower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please share any concerns or comments.