SUPPLEMENT B

Preschool or Daycare

Complete only if child is under 5 and not in public school.

Name of Child's Preschool/Childcare:______________________________

Length of time having attended this facility:__________________________

My child . . . (Mark with X only if statement is true or mostly true.)

______ dislikes preschool/daycare or the present one. (Circle)

______ has had the following number of daycares or family home care facilities: life:________

______ misses many days from preschool/daycare.

______ has transportation problems.

______ is not potty-trained.

______ is difficult for the teacher or care worker to manage.

______ often interrupts the teacher/classmates.

______ has trouble following classroom or daycare rules.

______ often doesn't play with other children or bothers teases or pokes, etc.).

______ seems more active than the other children.

______ has trouble sitting and listening during story or circle time.

______ is not liked by the other children.

______ needs testing.

If your child has had some of these problems, about how long ago did they start?__________

How much stress is your child under at preschool/daycare? (circle)

(little 1, 2, 3, 4, 5 much).

______ How many children per adult are in the preschool or daycare?

______ Are there others outside the family who provide care?

______ The child care provider or teacher doesn't seem to care about our family issues.