

Physical Development

Preschool Parent Questionnaire

Childs' Name: _____ Date: _____

1. Can your child?

- | | |
|---|--|
| _____ Flap arms like a bird | _____ Play Simon Says |
| _____ Follow the directions of simple songs | _____ High knees march |
| _____ Run in a zig zag motion | _____ Walk carefully on slippery floor |

2. Can your child?

- | | | |
|--|---|------------------|
| _____ Walk with an object in each hand | _____ Hops with two feet leaving the ground | |
| _____ Walk on a curb | _____ Hops forward (leap frog action) | _____ runs fast! |

3. Can your child?

- | | | |
|---------------------------------|---|-------------------------------|
| _____ Catch a large ball | _____ Kick a ball while standing in one place | |
| _____ Walks up and kicks a ball | _____ Catch a small ball | _____ Runs and kicks the ball |

4. Can you child?

- | | | |
|------------------------|-------------------------------|--------------------------|
| _____ Drink from a cup | _____ Feed self with utensils | _____ Button their shirt |
| _____ Snap pants | | |

5. Does your child?

- | | |
|---|------------------------------|
| _____ Eat a wide variety of food | _____ Name a variety of food |
| _____ Share characteristics of food for example, "a banana is yellow" | |
| _____ Share that fruit and vegetables are healthy foods | |
| _____ Communicates why some foods are healthy or unhealthy | |