



Building Skills. Building Confidence.

**HARBOR HAVEN
EDUCATIONAL QUESTIONNAIRE
BRIGHT BEGINNINGS (3-5 YEAR OLDS)**

To the parents: Please complete the lines below. Then give the form to your child's teacher(s). If your child is home-schooled or does not attend school, the parent may complete.

I herein give permission for you to provide this information for my child _____ who will be attending Harbor Haven this summer.

Teacher _____

School _____

Parent Signature: _____ Date _____

To the Teacher: The above student will be attending our program this summer. One component of our program is a daily period of cognitive skills reinforcement. We would appreciate the following data so that together we may facilitate the maximum retention and growth. Using the student's IEP information, and your knowledge of him/her, please complete and return this form in the attached envelope. (Parent has been requested to send a copy of the IEP goals/objectives.)

Please complete and return by May 15th (You may scan, fax or mail)

Name of Student _____

Name of School _____

Name of Teacher _____

Please describe the classroom setting (ie pullout, self contained, inclusion, general ed. etc.)

Please answer the questions below. Your input will help us best serve the student's needs.

1. In what ratio does the student work best? _____
2. Does the student follow class and school rules? _____
3. Does the student ask for help appropriately? _____
4. Can the student work in a group? _____ How many students can be in the group? _____
5. How long can the student stay on task? _____

1. Please name any behavioral or management problems you have observed in your classroom.

2. Please describe any successful management techniques such as reward charts, or time-out that you have used with the student. (please attach a copy of any charts which are relevant.)

3. Does this student bite self or others? Yes _____ No _____ If yes, please explain:

4. Does this student display any oppositional concerns? Yes _____ No _____ If yes, please explain. (Please specify if the student has any physically aggressive behaviors.)

5. Is this student impulsive? Yes _____ No _____ If yes, please explain.

6. Please describe the social relationships the student exhibits with his/her classmates.

7. What are the student's learning strengths and weaknesses?

8. Please discuss this student's level of functional independence (i.e. toileting, washing, dressing, buttons, zippers etc.)

9. Please describe the student's language ability.

10. Please name three very specific goals for retention or reinforcement that align with the student's IEP goals in each of the following areas. These will be used to create appropriate learning/reinforcement activities for this student.

a. Math Readiness

- 1. Goal: _____
- 2. Goal: _____
- 3. Goal: _____

b. Reading Readiness

- 1. Goal: _____
- 2. Goal: _____
- 3. Goal: _____

c. Fine Motor/Writing

- 1. Goal: _____
- 2. Goal: _____
- 3. Goal: _____

d. Self Help Skills (Be sure to include any relevant toileting issues.)

- 1. Goal: _____
- 2. Goal: _____
- 3. Goal: _____

e. Other cognitive areas

- 1. Goal: _____
- 2. Goal: _____
- 3. Goal: _____

f. Social Skills

- 1. Goal: _____
- 2. Goal: _____
- 3. Goal: _____

11. Additional Comments:

Thank you for your help and information!

Please return form to:

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