



Care Giver Questionnaire

To be completed by current teacher and/or care giver and submitted directly to Halifax Independent School.

Child's Name: _____ Today's Date: _____

Daycare or Programme Name: _____

Teacher/Leader (completing this form): _____

Describe this child's strengths:

What strategies does this child use to handle conflict/frustration?

Describe this child's self-help skills (toileting, eating, and dressing):

Describe skills and concepts on which this child is currently working:

As of this date, does this child recognize and respond to the need to use the toilet?

Always Usually Sometimes Rarely/Not yet

Is there anything you would like to add?

Signature: _____