



SURVEY  
KINDERGARTEN SCREENING ~~PROVINCIAL QUESTIONNAIRE~~

1

SECTION I - INTRODUCTION

1. What was the cut-off date for Kindergarten entrance eligibility for your school division in 1980/81? (Check (✓) one only).

Sept.  Oct.  Nov.  Dec.  Jan.

2. What will be the cut-off date for Kindergarten entrance eligibility for your school division in 1981/82? (Check (✓) one only).

Sept.  Oct.  Nov.  Dec.  Jan.

3. Estimate number of students in your division who can not use either of the official languages (English/French)  Kindergarten?

Specify Number  on entry to

SECTION II - EARLY ADMITTANCE

*This section deals with early admittance to Kindergarten. For purposes of this questionnaire, early admittance is defined as: a child's entrance to kindergarten prior to the eligibility birth date set or determined by the school division.*

4. a) ~~Does your school division have a policy with regard to the early admittance to kindergarten?~~ *admit children to kindergarten if they have not reached 5 years of age on or prior to the eligibility date determined by the school division?* (Check (✓) appropriate answer).

Yes   
No   Skip to SECTION III  
*early admission practice*

b) Does this ~~policy~~ require formal testing?

Yes   
No   Skip to SECTION III



*practice*

c) Please check, which of the following areas are *assessad in your early admittions* tested by instruments used and list the specific instruments used.

LIST

Intellectual   \_\_\_\_\_   
\_\_\_\_\_

Psychomotor   *Wavy line* \_\_\_\_\_   
\_\_\_\_\_

Readiness and Achievement   *Wavy line* \_\_\_\_\_   
\_\_\_\_\_

*Speech*/Language   *Wavy line* \_\_\_\_\_   
\_\_\_\_\_

Creativity   *Wavy line* \_\_\_\_\_   
\_\_\_\_\_

Affective (Social/Emotional/Behavioral)   *Wavy line* \_\_\_\_\_   
\_\_\_\_\_

Vision   *Wavy line* \_\_\_\_\_   
\_\_\_\_\_

Hearing   *Wavy line* \_\_\_\_\_   
\_\_\_\_\_

Other (Specify)   *Wavy line* \_\_\_\_\_   
\_\_\_\_\_

*Wavy line* \_\_\_\_\_

Vertical lines for writing at the bottom of the page.

SECTION III - KINDERGARTEN SCREENING

This section deals with screening Prior To, Beginning, <sup>and</sup> During, ~~as well as at the~~ <sup>as well as at the</sup> ~~End of~~ the kindergarten year. For purposes of this questionnaire these ~~two~~ <sup>three</sup> categories are defined as follows:

Prior To - refers to the carrying out of screening during the months of April through August inclusive prior to the beginning of the school year that the child enters kindergarten.

Beginning - refers to the carrying out of screening during the months of September and/or October of the school year the child enters kindergarten.

During - refers to the carrying out of screening during the months of November through April inclusive while the child is in kindergarten.

~~At the End~~ - refers to the carrying out of screening during the months of May - June while the child is completing kindergarten.

5. When does the screening of <sup>all</sup> kindergarten students take place in your division? Check (✓) all that apply.

<u>PRIOR TO</u>	<u>BEGINNING</u>	<u>DURING</u>	<del>AT THE END</del>	<u>DOES NOT TAKE PLACE</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

6. Below is a list of screening techniques. Please check (✓) all the periods during which these techniques are used.

	<u>PRIOR TO</u>	<u>BEGINNING</u>	<u>DURING</u>	<del>AT THE END</del>	<u>DOES NOT TAKE PLACE</u>
<u>Parent Interview</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Informal teacher observations</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Testing done by teacher</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Teacher anecdotal reports</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Parent Interview</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Reports from preschool or other agencies</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Testing done by teacher</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Testing done by resource teacher</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Testing done by clinician</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Pre-school Reports</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Other (specify)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Below is a listing of specific areas in which formal test instruments may be used. For each area please check (✓) when you <sup>use</sup> formal test instrument and name the instrument, ~~used~~. Also, for each formal test instrument used, please check (✓) if local norms were developed.

*to indicate*

EXAMPLE:

		<del>HAVE NOT DEVELOPED LOCAL NORMS</del>	HAVE DEVELOPED LOCAL NORMS
Intellectual			
Do not use	<input type="checkbox"/>		
Prior to	<input type="checkbox"/> Name Instruments _____	<input type="checkbox"/>	<input type="checkbox"/>
Beginning	<input checked="" type="checkbox"/> Name Instruments PDK Int. Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
During	<input type="checkbox"/> Name Instruments _____	<input type="checkbox"/>	<input type="checkbox"/>
End	<input checked="" type="checkbox"/> Name Instruments PDK Int. Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

		<del>HAVE NOT DEVELOPED LOCAL NORMS</del>	HAVE DEVELOPED LOCAL NORMS
Intellectual			
Do not use	<input type="checkbox"/>		
Prior to	<input type="checkbox"/> Name Instruments _____	<input type="checkbox"/>	<input type="checkbox"/>
Beginning	<input type="checkbox"/> Name Instruments _____	<input type="checkbox"/>	<input type="checkbox"/>
During	<input type="checkbox"/> Name Instruments _____	<input type="checkbox"/>	<input type="checkbox"/>
End	<input type="checkbox"/> Name Instruments _____	<input type="checkbox"/>	<input type="checkbox"/>

Psychomotor

		<del>HAVE NOT DEVELOPED LOCAL NORMS</del>	HAVE DEVELOPED LOCAL NORMS
Do not use	<input type="checkbox"/>		
Prior to	<input type="checkbox"/> Name Instruments _____	<input type="checkbox"/>	<input type="checkbox"/>
Beginning	<input type="checkbox"/> Name Instruments _____	<input type="checkbox"/>	<input type="checkbox"/>
During	<input type="checkbox"/> Name Instruments _____	<input type="checkbox"/>	<input type="checkbox"/>
End	<input type="checkbox"/> Name Instruments _____	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY

OFFICE USE ONLY

~~HAVE NOT  
DEVELOPED  
LOCAL NORMS~~

HAVE  
DEVELOPED  
LOCAL NORMS

Readiness and Achievement Tests

Do not use

Prior to   Name Instruments \_\_\_\_\_

Beginning   Name Instruments \_\_\_\_\_

During   Name Instruments \_\_\_\_\_

End   Name Instruments \_\_\_\_\_

*part*  
Language

OFFICE USE ONLY

Do not use

Prior to   Name Instruments \_\_\_\_\_

Beginning   Name Instruments \_\_\_\_\_

During   Name Instruments \_\_\_\_\_

End   Name Instruments \_\_\_\_\_

OFFICE USE ONLY

Creativity

Do not use

Prior to   Name Instruments \_\_\_\_\_

Beginning   Name Instruments \_\_\_\_\_

During   Name Instruments \_\_\_\_\_

End   Name Instruments \_\_\_\_\_

OFFICE USE ONLY

Affective (Social/Emotional/Behavioral)

Do not use

Prior to   Name Instruments \_\_\_\_\_

Beginning   Name Instruments \_\_\_\_\_

During   Name Instruments \_\_\_\_\_

End   Name Instruments \_\_\_\_\_

OFFICE USE ONLY

HAVE NOT  
DEVELOPED  
LOCAL NORMS

HAVE  
DEVELOPED  
LOCAL NORMS

Vision

Do not use   
Prior to   Name Instruments \_\_\_\_\_  
Beginning   Name Instruments \_\_\_\_\_  
During   Name Instruments \_\_\_\_\_  
End   Name Instruments \_\_\_\_\_

OFFICE USE ONLY

3

Hearing

Do not use   
Prior to   Name Instruments \_\_\_\_\_  
Beginning   Name Instruments \_\_\_\_\_  
During   Name Instruments \_\_\_\_\_  
End   Name Instruments \_\_\_\_\_

OFFICE USE ONLY

Other

Do not use   
Prior to   Name Instruments \_\_\_\_\_  
Beginning   Name Instruments \_\_\_\_\_  
During   Name Instruments \_\_\_\_\_  
End   Name Instruments \_\_\_\_\_

OFFICE USE ONLY

SECTION IV - DIAGNOSTIC ASSESSMENT FOLLOWING KINDERGARTEN SCREENING

8. a) Has your school division implemented a diagnostic assessment procedure for those children with ~~learning problems identified in screening?~~ <sup>potential learning problems identified during</sup> (Check (✓) appropriate answer). *Potential learning problems identified during formal or informal screening practices?*

Yes

No

Skip to SECTION V

b) Who carries out this <sup>diagnostic</sup> assessment? (Check (✓) all that apply).

Kindergarten teacher

Resource teacher

~~Psychologist~~

~~Speech/language~~ <sup>school</sup> clinician

Special education co-ordinator

Primary supervisor

Principal

Other  (Specify \_\_\_\_\_)

c) Please check (✓) which of the following types of instruments are <sup>most commonly</sup> used for <sup>diagnostic</sup> assessment. Also please list the specific instruments and indicate <sup>if local norms were developed.</sup>

HAVE NOT DEVELOPED LOCAL NORMS      HAVE DEVELOPED LOCAL NORMS

Intellectual

Do not use

Used  Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY

Psychomotor

Do not use

Used  Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY

Readiness and Achievements

Do not use

Used  Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY

~~HAVE NOT  
DEVELOPED  
LOCAL NORMS~~

HAVE  
DEVELOPED  
LOCAL NORMS

*Speed* / Language

Do not use

Used   Name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY

Creativity

Do not use

Used   Name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY

Affective (Social/Emotional/Behavioral)

Do not use

Used   Name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY

Vision

Do not use

Used   Name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4

OFFICE USE ONLY

Hearing

Do not use

Used   Name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY

~~HAVE NOT DEVELOPED LOCAL NORMS~~      HAVE DEVELOPED LOCAL NORMS

Other

Do not use

Used

Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY

SECTION V - EDUCATIONAL INTERVENTION PROGRAMS

This section deals with Educational Intervention Programs. For purposes of this questionnaire this refers to:

9. a) Has your school division developed educational intervention programs based on kindergarten ~~screening~~ diagnostic assessment? (Check (✓) ~~appropriate~~ answer). *appropriate*

Yes

No

Skip to SECTION VI

b) Who is responsible for the planning and the implementation of the educational intervention program? (Check (✓) all that apply).

	PLANNING	IMPLEMENTATION
Kindergarten teacher	<input type="checkbox"/>	<input type="checkbox"/>
Resource teacher	<input type="checkbox"/>	<input type="checkbox"/>
Principal	<input type="checkbox"/>	<input type="checkbox"/>
<del>Psychologist</del>	<input type="checkbox"/>	<input type="checkbox"/>
<i>School</i> <del>Speech/Language</del> clinician	<input type="checkbox"/>	<input type="checkbox"/>
Spécial education co-ordinator	<input type="checkbox"/>	<input type="checkbox"/>
Primary supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Parent	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify _____)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

