

**APPLICATION FOR EARLY ENTRANCE  
PARENT INTERVIEW CHECKLIST**  
(For parent to bring to interview)

Child's Name: \_\_\_\_\_

You child's health (good-fair-poor): \_\_\_\_\_

Vision: \_\_\_\_\_ Coordination: \_\_\_\_\_

Hearing: \_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

Does your child color?      Yes              No

How much of his/her time is spent playing with other children?

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How much of his/her time is spent watching television \_\_\_\_\_

Does he/she play with friends his/her own age?      Yes              No

What travel experiences has your child had? \_\_\_\_\_

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Does he/she get along well with others on an individual basis and within groups?      Yes              No

Does he/she assume responsibilities at home?      Yes              No

Does he/she need help eating meals?      Yes              No

Does he/she hang up his/her clothes and put away toys without a fuss?      Yes              No