Name of Program: ___________________________ Public or Private _____________________________

Date: ___________________________ Time: ______________ # of Children in Class: ____________

Names of Teacher & Administrator ______________________________________________________
_________________________________________________________________________________

Location: __________________________________________________________________________

Days: ___________________ School Hours: _________________

Extended School Year? _____ Days: ___________________ School Hours: _________________

Extended Day Care? _______ If no, transportation to day care? __________

**THE LEARNING ENVIRONMENT**

Activities I saw included:

- [ ] fine motor  
- [ ] circle time  
- [ ] art  
- [ ] social interactions  
- [ ] music  
- [ ] gross motor  
- [ ] books/stories  
- [ ] fantasy/dress-up play  
- [ ] speech/language

1. The equipment in the class is appropriate for my child  
   - [ ] Yes  
   - [ ] No
2. Rooms are large enough for active play and quiet play  
   - [ ] Yes  
   - [ ] No
3. Toys and materials can be reached by my child  
   - [ ] Yes  
   - [ ] No
4. My child's special equipment will fit in the space (if applicable)  
   - [ ] Yes  
   - [ ] No
5. The outdoor play area is safe and appropriate for my child  
   - [ ] Yes  
   - [ ] No
6. The furniture in the rooms is arranged so that the teacher can see all children  
   - [ ] Yes  
   - [ ] No
7. The sink and toilet can be reached by my child  
   - [ ] Yes  
   - [ ] No
8. The rooms are clean and decorated with children’s work  
   - [ ] Yes  
   - [ ] No

Comments: ___________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Questions: __________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
PROGRAM AND ACTIVITIES

There is a daily schedule

The activities I see are appropriate for my child

There are activities planned with non-disabled children

Children are allowed to make choices

Opportunities for structured play and free play

Is the atmosphere in the classroom happy, relaxed?

Comments: ____________________________________________________________

Questions: ____________________________________________________________

FAMILY ACTIVITIES

Parents may volunteer in the class

Parent visits are encouraged

Parents are a regular part of the program

There is a parent support group

The teacher communicates with parents using:

Notebooks

Phone calls

Email

Parent conferences

Home visits

Comments: ____________________________________________________________

Questions: ____________________________________________________________

PROGRAM STAFF

Program staff have knowledge of the special needs in the class

Number of staff meets needs of children

The staff are sensitive to the cultural needs of the children

Number of aides working in the classroom

Do volunteers help in the classroom?

www.matrixparents.org | 94 Galli Drive, Suite. C, Novato, CA 94949 | helpline: 800.578.2592
**Comments:** ____________________________________________________________

**Questions:** __________________________________________________________

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**PROGRAM LOCATION**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the school near my home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who provides transportation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will my child ride a bus? Take a taxi?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is my child’s commute time?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:** __________________________________________________________

**Questions:** __________________________________________________________

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**CHILD’S SPECIAL NEEDS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will my child need to be potty-trained?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will staff work on potty-training with my child?</td>
<td></td>
<td></td>
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<tr>
<td>How does staff handle potty accidents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can I send in special food and/or medicine?</td>
<td></td>
<td></td>
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<tr>
<td>Who will feed my child and/or administer medication?</td>
<td></td>
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</tr>
</tbody>
</table>

**Comments:** __________________________________________________________

**Questions:** __________________________________________________________
## RELATED SERVICES FOR PRESCHOOL PROGRAMS: WHERE AND WHO?

<table>
<thead>
<tr>
<th>Service/Goal</th>
<th>Provider’s Name/Phone No.</th>
<th>Where is this service provided (at this site or another location)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech and Language</td>
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<tr>
<td>Psychological and/or Behavioral</td>
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<tr>
<td>Physical Therapy</td>
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<tr>
<td>Occupational Therapy</td>
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<tr>
<td>Services for visually or hearing impaired</td>
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<tr>
<td>Bilingual services</td>
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<tr>
<td>Specialized healthcare</td>
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</tbody>
</table>