Observation Questionnaire for 3-5 Age Group

The early years of a child play a vital role in their development. Early childhood experiences impact the future physical, intellectual, social/emotional, and spiritual development of that child. This questionnaire includes questions that will help you to understand the development of children better. Record the child’s actual responses. To enter data, click on the fillable areas.

Interview date: Click here to enter a date.

Child’s First Name: Click here to enter text.

Interviewer: Click here to enter text.

Child’s Date of Birth: Click here to enter a date.

**Physical Characteristics**

1. Are you a boy or a girl? (Check the appropriate box.) Boy  Girl  Other comments: Click here to enter text.

2. What do you like most about yourself? Click here to enter text.

3. Name something you can do that shows you are strong: Click here to enter text.

4. Name something you can do that shows you are fast. Click here to enter text.

5. What is something you hope you will be good at when you are older? Click here to enter text.

6. How do you feel about each of the following activities?

Running I like it.  I don’t like it.  I don’t know.

Jumping I like it.  I don’t like it.  I don’t know.

Skipping I like it.  I don’t like it.  I don’t know.

Writing I like it.  I don’t like it.  I don’t know.

Coloring I like it.  I don’t like it.  I don’t know.

Using scissors I like it.  I don’t like it.  I don’t know.

**Intellectual Characteristics**

7. Starting with 1, show me how high you can count. Click here to enter text.

8. Try to spell your first name for me. Click here to enter text.

9. What is your favorite game to play? Click here to enter text.

10. Do you have a favorite computer game? Click here to enter text.

11. Do you ever use any of the following by yourself? (Check Yes or No for each.)

Television Yes  No  Comment: Click here to enter text.

Computer Yes  No  Comment: Click here to enter text.

Tablet Yes  No  Comment: Click here to enter text.

Smart Phone Yes  No  Comment: Click here to enter text.

**Social/Emotional Characteristics**

12. Who do you like to spend time with the most? (Select the best answer.)

My mother  Comment: Click here to enter text.

My father  Comment: Click here to enter text.

My family  Comment: Click here to enter text.

My friends  Comment: Click here to enter text.

Myself  Comment: Click here to enter text.

My pet(s)  Comment: Click here to enter text.

13. What do you want to be when you are an adult? Click here to enter text.

14. Who is you favorite superhero? Click here to enter text. Why? Click here to enter text.

15. What makes you feel brave? Click here to enter text.

16. What makes you feel happy? Click here to enter text.

17. What makes you feel sad? Click here to enter text.

18. What do you do when you feel afraid? Click here to enter text.

**Spiritual Characteristics**

19. Do you believe that God made the world? Yes  No  I don’t know

20. Do you believe that the Bible is true? Yes  No  I don’t know

21. What, if anything, can keep you away from God? Click here to enter text.

22. What makes it possible for a person to go to Heaven? Click here to enter text.

23. How often do you go to church?

Every week  Comment: Click here to enter text.

About once a month  Comment: Click here to enter text.

Only on holidays  Comment: Click here to enter text.

I don’t go to church at all  Comment: Click here to enter text.

24. Is it ever OK to tell a lie? Yes  No  I don’t know

25. How do you think God feels toward you? Click here to enter text.