

GETTING TO KNOW YOUR PRESCHOOLER QUESTIONNAIRE

This questionnaire is designed to help us become more familiar with your child in order to serve them better. The more a teacher understands about their students, the more sensitive they are to their needs. A copy of this form will go to your child's teacher. All questions on this form are confidential.

GENERAL

Child's name: _____ Date of birth: _____ Current Age: _____

Name Child prefers to be called: _____

FAMILY

Mother's name: _____ Occupation: _____

Father's name: _____ Occupation: _____

Marital status of parents: _____ Are both parent's living at home? _____

Custody/living arrangements: _____

Has there been a divorce, death, or illness that may affect your child? _____

If yes, please circle which and describe briefly: _____

HEALTH

Does your child have any medical conditions (asthma, diabetes, seizures)? _____

Does your child take any medication for those conditions? _____

Does your child have any frequent colds, earaches, fever, sore throat, stomachaches, vision problems or skin rashes? _____

Does your child nap? _____ Nap time: _____ Any fear? _____

Bedtime: _____ Wake-up: _____

Is your child potty trained? _____ What age did they start? _____

Describe any assistance they may need: _____

EATING HABITS

Any food allergies? _____ Special diet? _____

Favorite foods: _____

Refused foods: _____

Child eats with: spoon fork hands other: _____

CHILD EXPERIENCES

Has your child had any group play experiences? _____

Does your child play well: Alone___ In groups___ mostly by self___ boys___ girls___ both___

With children: Their age___ younger___ older___

What outside activities does your child enjoy? _____

Inside activities: _____

What are your child's strengths? _____

Weaknesses: _____

How does your child express the following?

anger: _____

fear: _____

frustration: _____

Do you see your child as: (Please circle the following)

Leader / Follower

Independent / Dependent

Shy / Confident

Easily distracted: Y / N

Self-control: Y / N

Do you have concerns about your child's development or behavior?

What is the most important thing I need to know about your child?

What do you hope will be included in your child's preschool program?

THANK YOU FOR TAKING YOUR TIME TO COMPLETE THIS QUESTIONNAIRE!