

PARENT QUESTIONNAIRE

(Please return this form in Orientation Packet)

Please complete this survey and return the form along with the Orientation Packet. This information will help us to become better acquainted with your child. You may use additional paper as necessary. Thank you for providing this useful information.

1. By what name do you usually call your child? _____
2. Does your child have any disabilities including allergies that we should be aware of?
If so, please explain: _____
3. What terminology does your child use to indicate he/she needs to use the bathroom? _____
4. If your child attended preschool before, was the experience enjoyable? _____
5. Does your child become easily frustrated or have tantrums? _____
6. Does your child suck his/her thumb or use a pacifier? _____
7. If your child has fears, what are they? _____
8. Does your child use the following at home? (please circle)
Crayons Scissors Pencils Chalk Markers
9. What snack foods does your child like? _____
10. What do you see as your child's strengths? _____
11. Is there any area your child may have difficulty with? (e.g. sharing, following directions, separation anxiety, etc.) _____
12. What language does your child speak at home? _____
13. What other information would you like us to know about your child? _____

Child's Name _____

Class _____

Parent/Guardian's Signature _____

Date _____