

PARENT QUESTIONNAIRE

Please complete **both sides** of this form. This information will only be shared with your child's teachers to better understand and meet your child's needs.



PERSONAL

Child's Name: _____ Nickname: _____ Male ___ Female ___

Date of Birth: _____ Birthplace: _____

Parent's Name: _____ Occupation: _____

Parent's Name: _____ Occupation: _____

Parents' Hobbies: _____

Parents are: Married _____ Separated _____ Divorced _____ Single Parent _____

Language(s) spoken at home: _____

Siblings' Names and Ages: _____

FAVORITES

Toys: _____

Foods: _____

Books: _____

Activities: _____

ROUTINES

Does your child usually play? inside _____ outside _____ both _____
Does your child nap? daily _____ occasionally _____ not at all _____

Is your child potty trained? _____
How does your child indicate he/she needs to use the bathroom? _____

Does your child need assistance in the bathroom? _____

Does your child have any recurrent fears (animals, storms, strangers)? _____

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FINE MOTOR

Check if your child can:

Put on shoes _____

Put on boots _____

Tie or fasten shoes _____

Put on coat _____

Button coat _____

Start and zip zippers _____

SOCIAL

Does your child have playmates in the immediate neighborhood? _____

Does your child usually play with children his/her: own age? _____ older? _____
younger? _____ mixed ages? _____

Has your child had any prior group or preschool experiences? _____

Please explain _____

HEALTH

Does your child have any allergies (bee stings, foods, soaps, etc.)? _____

If your child has allergies, what special procedures or treatments are needed? _____

Is your child physically challenged (hearing, speech, sight, physical, etc.)? _____

If yes, please explain _____

Please use the area below to share any further information that you think would help us better understand your child and provide appropriately for him/her: