# 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 _____

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: _____

_____

**ROUTINES**

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)? _____

_____

_____

**SOCIAL**

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

Where were they and how was the experience for them? _____

_____

How well does your child separate from you? _____

_____

***Continued on back***

**MEDICAL HISTORY**

Were there any issues or complications during pregnancy/delivery? If yes, please describe:

_____

_____

Has your child had any surgeries or hospitalizations? If yes, please describe: _____

_____

Does your child have/ever had an IFSP or IEP? If yes, please elaborate and provide a copy.

_____

Does your child have any diagnoses? _____

Has your child been evaluated by any specialists or received any specialized services?
Please check all that apply:

OT _____ PT _____ SLP _____ Psychology _____ Infants/Toddlers or ChildFind _____ Other _____

If yes, please describe: _____

_____

Have you discussed any developmental concerns with the pediatrician? If so, please describe:

_____

_____

_____

At St. Peter's, we offer private Occupational Therapy and Speech Therapy services for children who need additional support. These services are provided by licensed specialists in the classroom when appropriate or in a pullout session and will be billed directly by the OT/SLP. There is no obligation to use St. Peter's OT/SLP if you prefer to use your own specialists.

Please indicate if you are interested in St. Peter's OT and/or SLP services:

OT _____ PT _____

Is there anything else you would like us to know about your child? _____

_____

_____

_____