

Use these questionnaires with your families. This information is helpful to you to become better acquainted with the child.

Parent Questionnaire

Please complete this survey and return the form to school. The information will help us to become better acquainted with your child. Feel free to use additional paper as necessary. We would like to thank you in advance 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 regarding the use of the bathroom? _____
4. If your child has attended preschool before, was the experience enjoyable? _____
5. Does your child have tantrums? _____
6. Does your child suck his/her thumb? _____
7. If your child has unusual fears, what are they? _____
8. Does your child use the following at home? (*Please circle.*)
crayons scissors pencil chalk markers
9. What foods does your child like? _____
10. What foods does your child dislike? _____
11. List the names and ages of other children in your family.

12. What do you see as your child's strengths? _____
13. Is there any area in which you anticipate difficulty for your child? (e.g., sharing, following directions, etc.) _____
14. What goals do you have for your child? _____
15. What other information would you like us to know about your child? _____

Thank you for taking the time to fill out this questionnaire.

Child's name _____

Parent/Guardian Signature _____

Sincerely,
