

# PRESCHOOL PARENT QUESTIONNAIRE

## DEAR PARENTS,

To provide you with the best possible service, we kindly request that you fill out this parent questionnaire as accurately as possible. This will allow us to make your child's transition smooth for the best childcare experience. **Thank you!**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PHYSICAL DEVELOPMENT

Please select the word that best represents your child's ability in each area:

Using scissors:	Climbing:	Balancing/hopping on one foot:
Using crayons:	Walking:	Jumping:
Using pencils:	Running:	

## COMMUNICATION

What language(s) do you speak at home? \_\_\_\_\_

Please select the word that best describes your child's communication skills:

Uses words to express self:	Vocabulary is age-appropriate:
Speaks clearly:	Understands directions:

## BEHAVIORAL/EMOTIONAL DEVELOPMENT

Please describe your child's personality. \_\_\_\_\_

Does your child have any particular habits (e.g., nail-biting, thumb-sucking)?  Yes  No

If yes, please elaborate: \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Can your child occupy themselves?  Yes  No If yes, for how long? \_\_\_\_\_

Does your child get frustrated easily? If yes, please elaborate: \_\_\_\_\_

What makes your child angry? \_\_\_\_\_

How does your child display/express anger? \_\_\_\_\_

What are your methods of discipline with your child? \_\_\_\_\_

How does your child respond to discipline? \_\_\_\_\_

How does your child handle new situations? \_\_\_\_\_

How does your child handle it when you leave? \_\_\_\_\_

What are your child's favorite activities? List at least three: \_\_\_\_\_

What descriptive words would you use to describe your child? \_\_\_\_\_

How does your family bond together? \_\_\_\_\_

## SLEEP TIME AND NAPPING HABITS

When does your child typically nap? From: \_\_\_\_\_ to \_\_\_\_\_ How often does your child nap? \_\_\_\_\_ times/day

Does your child have any sleep concerns? \_\_\_\_\_

Does your child need something to fall asleep with? If so, please specify: \_\_\_\_\_

## EATING HABITS

What is your child's typical appetite? \_\_\_\_\_

Your child's.... Best foods? \_\_\_\_\_ Worst foods? \_\_\_\_\_

Can your child feed themselves? Any eating issues we should be aware of? \_\_\_\_\_

## TOILET HABITS

Is your child toilet-trained? Does your child indicate when they need the toilet?

What toilet-training methods are you using (if currently toilet-training)? \_\_\_\_\_

## IMPORTANT MEDICAL INFORMATION

Please list any: \_\_\_\_\_

Does your child have any unique birthmarks? \_\_\_\_\_

## PARENT EXPECTATIONS

What are your expectations and goals for your child at

What skills would you like your child to learn? \_\_\_\_\_

Is there anything you need to draw our attention to? \_\_\_\_\_

## RELIGIOUS BELIEFS?

Does your child have any religious needs? If so, what are they? \_\_\_\_\_

What holidays does your family observe? \_\_\_\_\_

*We thank you for taking the time to complete this preschool paperwork. It will go a long way to making your child's preschool experience more positive.*

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Year: \_\_\_\_\_