

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: _____