

Child's Name: _____

PARENT QUESTIONNAIRE

1. Please list and describe the persons or programs that have provided care for your child until now.

2. List the children in your family (please include names and ages).

3. Does your child have any DIETARY RESTRICTIONS? _____ If so, what are they.

4. Does your child have any special fears? (dogs, bugs, sirens, etc.)

5. Please describe your child's favorite activities.

6. Does your child have any special hearing, vision, or other medical problems that we should be aware of?

7. Does your child have any other special concerns that we should be aware of?

8. Is your child right or left-handed?

9. How does your child express toilet needs?

10. How do you deal with potty accidents?

11. Does your child need any assistance with dressing/undressing or with toileting/washing hands?

12. How would you describe your child's personality?

13. What method of guidance (behavior control) do you use in your home?

14. Is your child receiving any special services? If so, where? (ex. speech, occupational therapy, etc.)

15. Is there any additional information that you feel would be beneficial to the staff?

***Parents-please let us know if you have any special talents, interests, skills that we would be able to use in the preschool

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY