

Pre-K 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 use of the bathroom ? _____
4. Does your child have tantrums? _____
5. Does your child suck his/her thumb? _____
6. Does your child have unusual fears, what are they? _____
7. Does your child use the following at home? (Please circle)
Crayons scissors pencil chalk marker
8. What foods does your child like? _____
9. What foods does your child dislike? _____
10. What do you see as your child's strengths? _____
11. Is there any area in which you anticipate difficulty for your child? (following directions, listening to the teachers, getting along with other children) _____
12. What goals do you have for your child? _____
13. What would you like to see your child gain from this experience ? _____

14. What other information would you like us to know about your child? _____

15. As a parent, what would you like to see added to our program to make it more enjoyable for your child? _____

16. List the names and ages of other children in your family: _____

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

Child's Name: _____

Parent/Guardian Signature: _____