

## School Age 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. Does your child have unusual fears, what are they? \_\_\_\_\_
4. What foods does your child like? \_\_\_\_\_
5. What foods does your child dislike? \_\_\_\_\_
6. What do you see as your child's strengths? \_\_\_\_\_
7. Is there any area in which you anticipate difficulty for your child? (following directions, listening to the teachers, getting along with other children) \_\_\_\_\_
8. What goals do you have for your child? \_\_\_\_\_
9. What would you like to see your child gain from this experience? \_\_\_\_\_  
\_\_\_\_\_
10. What other information would you like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_
11. As a parent, what would you like to see added to our program to make it more enjoyable for your child?  
\_\_\_\_\_

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

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_