



### Parent Questionnaire

We would like you to complete this questionnaire as openly and honestly as possible. Not all of the questions will pertain to your child's developmental abilities, based on their age and experiences. It will be our responsibility to take the information gathered and through classroom observations, provide the best learning environment for your child. Thank you so much for your cooperation.

**Please return to your child's classroom teacher by September 1<sup>st</sup>.**

#### **Child's Information**

Child's name: \_\_\_\_\_ DOB \_\_\_\_\_

Name child is called: \_\_\_\_\_

#### **Family History**

Describe your family's tradition and cultural heritage. \_\_\_\_\_

\_\_\_\_\_

Describe the values that are most important to you as a family.

\_\_\_\_\_

\_\_\_\_\_

Do you have any special concerns about your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Developmental History**

Language spoken at home? \_\_\_\_\_

Any difficulties speaking? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Any difficulties in physical development? \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

Does your child have any special medical history? (premature birth, surgeries, developmental delays, hearing, vision?) \_\_\_\_\_

\_\_\_\_\_

**Social and Emotional Behavior/Experience/Routines**

Describe your child's daily routines and self-help skills.

\_\_\_\_\_

Has your child had prior school or group experience? If yes, describe any special likes or dislikes she/he had about school. \_\_\_\_\_

\_\_\_\_\_

What type of activities does your child especially like to do at home?

\_\_\_\_\_

Do you think your child is right or left-handed? \_\_\_\_\_

What makes your child happy?

\_\_\_\_\_

How does your child react to frustration? \_\_\_\_\_

\_\_\_\_\_

How does your child demonstrate anger? \_\_\_\_\_

\_\_\_\_\_

How do you discipline at home? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any unusual or strong fears? \_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's disposition? \_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's energy level? \_\_\_\_\_  
\_\_\_\_\_

What time does he/she go to bed? \_\_\_\_\_

What is your child's favorite color? \_\_\_\_\_

**Cognitive Development**

(Yes or Not Yet)

Does your child recognize basic colors? \_\_\_\_\_

Does your child have awareness from letters A-Z? \_\_\_\_\_

Does your child count 1-10? \_\_\_\_\_ 1-20? \_\_\_\_\_

Does your child recognize basic shapes? \_\_\_\_\_

Is your child familiar with holding crayons? \_\_\_\_\_

Is your child familiar with cutting with scissors? \_\_\_\_\_

**Goals and Outcomes**

What do you hope will be the major outcomes of your child's school experience this year? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you think we should know about you or your child?  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to your child's classroom teacher by September 1<sup>st</sup>.