



Preschooler Questionnaire

3- and 4- Year Olds

**** Allergies ****

Parents, please complete:

No Known Allergies

Yes: _____

Dear Preschool Parent,

Please complete and return this questionnaire **by Wednesday, Aug. 18th** so that we can get to know your child better before classes begin! Thank you!

Child's First and Last Name _____ Nickname _____ Sex M F DOB _____

Street, Town, and Zip _____

Yes! I completed the Allergy Box above!

Mother's First/ Last Name _____ Occupation _____ Company Name _____

Father's First/ Last Name _____ Occupation _____ Company Name _____

Sibling Name(s)	Sibling DOB(s)
_____	_____
_____	_____
_____	_____
_____	_____

In addition to parent(s), with which adult does child spend the most time? _____

If both parents work outside the home, who cares for the child? Name _____ Relationship _____

Who is responsible for bringing the child to/from school? To _____ From _____

Does your child understand and/or speak another language(s)? No Yes Language _____

Family's religious affiliation? _____ Church Name _____ Church Town/City _____

Which religious holidays are celebrated in your home? _____

Special Services Information

It is important for our Preschool to know if your child has previously received, is currently receiving, or if your family intends to look into support services for your child's development and well-being. Please check below as appropriate:

- My child has an IEP
- My child is currently receiving services for Speech, OT, PT, SEIT and/or Other (Please circle all that apply).
- My child received services that were discontinued for Speech, OT, PT, SEIT and/or Other (Please circle all that apply).
- I am currently looking for information regarding possible services for my child.
- At this time, I have no concerns with my child's development and well-being.

Playtime Information

Type of play enjoyed most: _____

Favorite toys: _____

Amount of time per day that you read to your child? _____ Amount of time per day that you spend outside in play? _____

Amount of time per day your child spends in front of a screen including home and car (TV, Video Games, Ipads, etc...)? _____

What is your child's favorite TV/You Tube Show? _____

Who does your child usually play with? (alone, one/many friends, younger/older/same age children, siblings/cousins. adults) _____

How does your child play / get along with other children? _____

How does your child get along with other adults or teachers? _____

What are your child's responsibilities at home? _____

Child Health and Development

Does your child have any allergies to food, medication, environment? Please indicate if the reaction is **MILD** or **SEVERE** and describe specific symptoms your child experiences when suffering an allergy attack. _____

List any important health information (physical disabilities, chronic/debilitating illness (diabetes, asthma, etc.) activity limitations, etc.) _____

Do you feel your child has any speech difficulties or delays? Please explain _____

Do you feel your child has any hearing difficulties? Please explain _____

Is your child toilet trained fully? ___ Yes ___ No If no, please describe your child's toilet training progress? Please describe _____

Serious illnesses, operations, accidents or hospital experiences? Dates _____

Do you have any concerns about your child's health/development? If yes, please explain: _____

What fears does your child have? _____

How do you discipline your child? _____

How does your child react to controls and correction? _____

Who does most of the disciplining? _____

Any situations at home that we should know about? (e.g. illness, death, marital stress, loss of job, new house, pregnancy, birth, etc.) _____

Previous School Experience

Has your child attended or attends another preschool, day care center/private home, or special play group? ___ No ___ Yes

Name _____ Dates: From _____ To _____

Other Information

What do you hope your child will learn this year? _____

How does your child feel about going to school? _____

How do you think your child will adjust to the preschool? _____

Which elementary school will your child attend if you remain in the area? _____

Is there any other information you feel might be important for us to know about your child that was not mentioned on this questionnaire? _____

Friendship List: I give permission for our contact information to be included on the **Class Friendship List**. This Friendship List will only be distributed to those families who are in your child's class. _____ (initial)

Walking Field Trip to Firehouse (only for 4 Year Old Program students): I give permission for my child to go on the walking field trip to/from the firehouse in May with the class. _____ (initial)

End of Questionnaire – thank you! We look forward to seeing your child soon!