

Chrysalis A Grace Place for Children Questionnaire

This questionnaire is strictly confidential and will help your child's teacher get to know him or her better. Some of this information has been requested on other forms but is needed again here since this sheet is given to your child's teacher. Please complete both sides of this form. Thank you.

Today's Date _____ Child's Name _____

Age and Birth Date _____ Child's Nickname _____

Mom's Name _____ Dad's Name _____

Brothers	Age	Sisters	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other people living in your home _____

List any special problems that your child may have such as allergies, existing illnesses, previous serious illnesses, injuries and/or hospitalization during the past 12 months, medication prescribed for long-term use and any side effects we should be alerted to; any other information which caregivers/staff should be aware of: **(You must answer none if there are no problems known.)**

How would you describe your child's personality? _____

What are some of your child's special interests and pastimes? _____

What is your child's daily routine? _____

(over)

Does your child take a nap? _____
If so, is there anything in particular that comforts him or her as they fall asleep? _____

How is your child most comfortable toileting? (This response will be short for those in diapers or toileting independently, but may be quite detailed for those who are working through the process.) _____

What are some things your child dislikes? _____

Please tell us about any fears that your child might have. _____

What helps to calm your child when he or she is upset? _____

Please list the names and type of animal for any family pets. _____

Has your child previously attended preschool? _____
If yes, where? _____

Does your child go to church or Sunday school? _____
If yes, which church? _____

List additional information that will be helpful to your child's teacher _____

Parent/Guardian Signature

Date