

**Preschool Student Parent Questionnaire**  
**2018-2019 School Year**

*For more writing space, please use a blank sheet*

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

What name does your child go by? \_\_\_\_\_

We would like to know your child completely in order to best meet his/her needs individually. Please answer the following questions honestly.

All answers will remain confidential.

Please name the persons living at home and their relationship to the student.

Name	Relationship	age (if appropriate)

Is there a primary caregiver other than the parents? If so who, how frequently? \_\_\_\_\_

Has your child ever attended another preschool? \_\_\_\_\_

School name: \_\_\_\_\_

Dates: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Why did you leave? \_\_\_\_\_

At what age did your child become "potty trained"? \_\_\_\_\_

What are the parents' occupations?

\* Annual Salary

Father:

\$ \_\_\_\_\_

Mother:

\$ \_\_\_\_\_

\*Salary information is optional. This information is collected for requesting grant funds from various agencies and organizations.

Child's Ethnicity:

Asian \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ Native American \_\_\_\_

Caucasian \_\_\_\_ Other \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Have you talked with your child about attending our school? How does he/she feel about it? \_\_\_\_\_

\_\_\_\_\_

Does your child object to being left in the care of others? \_\_\_\_\_

Please list 3 words that describe your child: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

What are your child's greatest strengths? \_\_\_\_\_

Please list any concerns you have about your child's development \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ In groups? \_\_\_\_\_

Please describe any situations that we might need to be made aware of to help make your child's adjustment and experience here the very best it can be? \_\_\_\_\_  
\_\_\_\_\_

What form of behavior control do you use with your child? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any problems with vision, hearing or speech? \_\_\_\_\_ if yes, please explain \_\_\_\_\_

Is your child's speech clear? \_\_\_\_\_

Do others understand your child when he/she speaks? \_\_\_\_\_

Please list any serious accidents or surgeries your child has had \_\_\_\_\_

Does your child often have medical problems such as:

_____ colds	_____ constipation	_____ nose bleeds
_____ ear infections	_____ hay fever/allergies	_____ heart trouble
_____ upset stomach	_____ diarrhea	_____ nightmares
_____ fever	_____ asthma	_____ others (please explain)

Does your child take any medications regularly? \_\_\_\_\_ please list any medications, dosages, and times \_\_\_\_\_

Are there any other unusual things we should know about? (i.e.: fear of dogs, fear of loud noises, unaccustomed to playing with other children etc.) \_\_\_\_\_

In the last six to twelve months have there been any life changing circumstances in your child's life?  
\_\_\_\_\_

Please describe your family's church background \_\_\_\_\_  
\_\_\_\_\_

What do you hope your child will learn in preschool this year? \_\_\_\_\_

**Please let us know if there are any changes during the school year. For example; new baby, death in the family, divorce, etc. These events can greatly influence your child's behavior, and we appreciate being kept informed.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_