



SOUTHMINSTER SCHOOL PRESCHOOL ME AND MY FAMILY INFORMATION FORM 2018-2019

The purpose of this questionnaire is to familiarize your child's teacher with your child and to ease the transition into the classroom. Please answer the following questions and return this form by start of school. Thank you.

NAME _____ NICKNAME _____

SEX M F PHONE _____ BIRTHDATE _____

The people who live in my house are:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

(Please **choose** the appropriate answer for your child).

In my family, I am the oldest middle youngest only child.

I take naps each day. Yes No at _____ p.m.

In the morning, I wake up happy grumpy most of the time.

I have attended a preschool/MDO previously. Yes No

I have _____ pets. Name _____ Type of Animal _____

My best friend is _____

My favorite activity is _____

My least favorite activity is _____

I have a _____ for security (ex. teddy bear).

My nervous habits are _____
_____ (ex. thumb sucking, twirl hair).

I am allergic to _____.

I take medication for _____

My favorite imaginary play is _____

With whom does the child stay when parents are away? _____

Does he/she enjoying playing alone? _____

Does he/she play “with” others or “beside” others?

Does he/she use scissors and crayons at home? _____

Family experiences that have influenced him/her such as trips, a move, serious illnesses, etc.

How does he/she react to a change in routine?

How does he/she usually behave at mealtime?

What causes him/her to show temper?

How does he/she act when you discipline him/her? Angry Pout Sullen Hurt
Other?

Is your child afraid of anything?

If so, how are you dealing with it?

If your child becomes upset what does he/she find comforting (ex. being read to in a quiet corner)

Have you detected or suspected difficulties in Hearing? Sight? Speech?
Other?

What are you most proud of about your child?

If there is any other information or concerns, please use the space below.