

YOU'RE THE EXPERT! PARENT QUESTIONNAIRE

Child's name _____ Date of Birth _____ Age _____

Name you call your child _____

Child's previous preschool/daycare/caretaker _____

What experience do you hope your child will gain in the preschool program? _____

How would you describe your child? _____

Who lives in the home? _____

How many children in your family? _____ Ages? _____

Mother's Name _____ Father's Name _____

OR

Legal Guardian Name _____ Relationship to child _____

PLEASE DESCRIBE YOUR CHILD'S DEVELOPMENT AS BEST YOU CAN

Any special needs? _____

Previous Early Intervention? _____ Services in the home? (OT, PT, Speech) _____

Weight at birth _____ Full term? Yes ___ No ___ (if born premature how many weeks ___)

Any concerns during infancy? _____

Walked at what age? _____ Talked at what age? _____

Vision problems? Yes ___ No ___ Hearing problems? Yes ___ No ___

Rising time _____ Bedtime _____ Daytime nap? Yes ___ No ___ Time/length _____

Does your child speak in ___ 0-1 word sentences ___ 1-3 word sentences ___ 3-5 word sentences

Does your child presently use a pacifier and/or bottle? Yes ___ No ___

First language your child heard/learned _____

Language(s) spoken in the home _____

PLEASE CHECK ALL THAT APPLY

___ Toilet trained? Yes ___ No ___ ___ Bed wetting ___ Chronic ear infection (more than 2/year)

___ Hyperactivity ___ Nail biting ___ Nightmares ___ Allergies

___ Stomachaches ___ Thumb sucking ___ Cries easily ___ Asthma

___ Tantrums ___ Family moved (___ times) ___ Speech concerns ___ Seizures

___ Medication(s) _____

Chronic Medical Conditions _____

Continue on the back 

Play preference: ___ alone ___ other children ___ adults
 Opportunities to play with other children: ___ not often ___ sometimes ___ often
 Usual companions: ___ same age ___ younger ___ older

Does your child:

Yes No

1. Have difficulty getting along with other children? _____
2. Become easily frustrated? _____
3. Have a bad temper? _____
4. Enjoy cooperating with others? _____
5. Become frequently irritated or moody? _____
6. Become upset by changes in routine? _____
7. Have difficulty dealing with separation? _____
8. Demand much individual adult attention? _____
9. Accept discipline and limits? _____

How do you discipline your child? _____

Any family situations we should be aware of? (Moves, new child, divorce, etc.) _____

Your child's interests _____

What toys does your child like to play with? _____

How many hours of television per day? _____ Favorite shows _____

How many hours of computer/iPad/Tablet per day? _____

Favorite Apps, games _____

Is there any other information that will help us understand your child? _____



Thank you for filling out this information!

When working in a preschool setting, it is very useful to understand your child's ability so that we can help prepare them for the next level.