

Preschool Questionnaire

Are there other members of the household? If so, list name, age and relationship.

Are there any special medical, physical or emotional needs of which the school or staff need to be aware?

How much television does your child generally watch every day?

What are your child's favourite activities?

What does your child enjoy doing with:

Mom:

Dad:

Does your child accept correction easily? _____

What is / are the method(s) of behaviour control used in your home?

Please circle items below that describe your child ...

Happy	Dependant	Friendly	Stubborn	Clumsy	
Good Natured	Even Tempered	Aggressive	Shy	Fearful	
Sleepy	Impulsive	Attentive	Moody	Quiet	Sympathetic

Other: _____

Has your child been cared for by someone else besides the family?

What do you hope will be included in your child's preschool program? _____

What time does your child go to bed at night? _____

What time does your child wake up in the morning? _____

Who brings your child to school? _____

Who is allowed to fetch your child from school? _____

Does your child have any special fears? _____

Does your child have any problems with vision and hearing? Please explain

Are there any foods or drinks your child should not have?

Do you have any concerns about any aspect of your child's development?

Do you feel your child's speech is clear? _____

What is your home language? _____

Does your child have frequent colds? _____ sore throat? _____

Ear-aches? _____ Fevers? _____

Has your child had any serious accidents or operations? _____

Does your child have any allergies? _____

Does your child take any regular medication? If yes, what, when and why?
