

# PARENT QUESTIONNAIRE

Please complete this survey and return to your child's teacher. The information will help us to become better acquainted with your child. Feel free to use additional paper if necessary. We would like to thank you in advance for providing this useful information.

1. By what name do you usually call your child? \_\_\_\_\_
2. Does your child have any disabilities, including allergies, that we should be aware of? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_
3. What terminology does your child use regarding the use of the bathroom? \_\_\_\_\_
4. If your child has attended preschool before, was the experience enjoyable? \_\_\_\_\_
5. Does your child have tantrums? \_\_\_\_\_
6. Does your child suck his/her thumb? \_\_\_\_\_
7. If your child has unusual fears, what are they? \_\_\_\_\_  
\_\_\_\_\_
8. Does your child use the following at home? (*Please circle*)  
Crayons      scissors      pencil      chalk      markers
9. What foods does your child like? \_\_\_\_\_  
\_\_\_\_\_
10. What foods does your child dislike? \_\_\_\_\_  
\_\_\_\_\_
11. List the names and ages of other children in your family.  
\_\_\_\_\_  
\_\_\_\_\_
12. What do you see as your child's strengths? \_\_\_\_\_  
\_\_\_\_\_
13. Is there any area in which you anticipate difficulty for your child? (*e.g. sharing, following, directions, etc.*) \_\_\_\_\_  
\_\_\_\_\_
14. What goals do you have for your child?  
\_\_\_\_\_
15. What other information would you like us to know about your child?  
\_\_\_\_\_  
\_\_\_\_\_
16. What elementary school will your child be attending?  
\_\_\_\_\_

Thank you for taking the time to fill out this questionnaire.

Child's name \_\_\_\_\_

Parent's name \_\_\_\_\_