CHILD INFORMATION QUESTIONNAIRE

Parent(s), in order to get to know your child better, we would appreciate you taking the time to fill out this questionnaire.

If there is something about your child that you wish to discuss privately, please contact your child's teacher. The more we know about your child, the better we will be able to provide a happy preschool experience!

Date: _____

Your child's name (please print) _____

1. List the people living in your house and their relationship to your child.

2. List other family members your child might talk about.

3. Is there anything unique about your family that we should know?

4. What are some favorite things your child likes to do?

5. Are there any foods or drinks that you do not allow your child to have?

6. When your child is around other children, do they tend to play by themselves, with adults, or with the children?

7. Does your child have any fears?

8. What do you think is the most helpful piece of information to give us to be successful in working with your child?

9. What is your child's favorite book?

10. Is your child independent with toileting?

11. Is your child independent with dressing, including shoes and coat/jacket?