

FAMILY "GET ACQUAINTED" QUESTIONNAIRE

This questionnaire is designed to help us become more familiar with your child in order to serve them better. The more a teacher understands about their students, the more sensitive they are to their needs. We believe "a child doesn't care how much you know, until they know how much you care." A copy of this form will go to your child's teacher. All questions on this form are confidential.

Date: _____

Child's Name: _____

Name your child will use at school: _____

Present Age: _____ Birth Date: _____ Primary language spoken in home: _____

Father's Name: _____

Occupation: _____ Work Schedule: _____

Mother's Name: _____

Occupation: _____ Work Schedule: _____

Marital status of parents: _____ Are both parents living at home?: _____

Custody/Visiting arrangement: _____

Has there been a divorce, death or illness in the family that may affect your child?: _____

If yes, please circle which and describe briefly: _____

Church Affiliation: _____

If child is adopted, list age at adoption: _____ Is child aware of adoption? _____

Other children in family:

Child's Name: _____ Relationship: _____ Age: _____

Child's Name: _____ Relationship: _____ Age: _____

Child's Name: _____ Relationship: _____ Age: _____

Child's Name: _____ Relationship: _____ Age: _____

Others in your household:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Were there any medical problems at birth? _____

Does your child nap? _____ Nap time: _____

Any Fears? _____

Bed Time: _____ Wake-Up Time: _____

Vision or Hearing Problems, if so please explain: _____

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

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

Can others understand when your child speaks? _____

List illnesses your child has had: _____

Does your child have frequent: colds earaches sore throats nose bleeds fevers

Has your child had any serious accidents or operations? If so please describe:

Does your child take any regular medication? If so, please describe: _____

Are there any special medical, physical, or emotional needs that the teacher should be aware of ?

Is your child involved in any therapy outside of school (example: Speech, Motor, Counseling, etc)

If so please describe: _____

What does your child enjoy doing with mother? _____

What does your child enjoy doing with father? _____

Does your child play well:

Alone

In groups

Mostly by self

Boys

Girls

Both

With children:

Their age

Younger children

Older children

What outside activities does your child enjoy? _____

Inside activities: _____

Could you offer some strengths and weaknesses that you see in your child?

Strengths:

Weaknesses:

Do you see your child as: PLEASE GIVE EXAMPLES

a. A leader or a follower:

b. Independent or dependent?

c. Easily distracted?

d. Shy or confident?

e. Having self-control or lacking self-control?

Who cares for your child Monday-Friday when not at school? _____

Has your child attended preschool? _____ If so, how long? _____

Who was their teacher? _____

How do you discipline at home? _____

What is the most important thing that I need to know about your child?

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