



Preschool Getting to Know You Questionnaire 2016-2017

General Information

1. Child's Name: _____
2. Name Child Prefers to be Called: _____
3. Date of Birth: _____
4. Person Dropping Off Child: _____
5. Person Picking Up Child: _____

Family information

6. Parent/guardian Name: _____
Occupation: _____
7. Parent/guardian Name: _____
Occupation: _____
8. Are there any other relatives living in the household? _____
(siblings, aunts/uncles, grandparents)
9. Is English your child's primary language? YES NO
What is your child's secondary language? _____
10. Is there any other information about your family that would be useful in caring for your child (e.g. separated, family situations or cultural traditions).

Health

11. Does your child have any medical conditions (asthma, diabetes, seizures)? _____

12. Is your child required to take medication for these things? If so, please explain.

13. Does your child have any allergies? _____

14. Does your child have any frequent colds, earaches, fever, sore throat, stomachaches, vision problems or skin rashes?

15. Is your child potty trained? YES NO

16. What age did they start? _____

17. Describe any assistance they may need: _____

18. Does your child take regular naps at home? YES NO

19. What time do they go to sleep at night? _____

Child's Experiences

20. Has your child had group play experiences? YES NO

21. Does your child like to play alone, with adults, or with a child? _____

22. How does your child relate to adults?

23. Which activities has your child experienced (circle all that apply):

Playdough

Scissors

Painting

Glue

Blocks

Puzzles

24. What is your child's favorite activity at home? _____

25. When and how does your child express frustration? _____

26. When and how does your child express anger? _____

27. When and how does your child express fear? _____

28. Does your child have any special fears (dogs barking, loud noises, etc.)? _____

29. Does your child use electronics at home (tablets, cellular phone, video games, television)? _____

30. Does your child accept direction easily? _____

31. Describe your child's attention span. _____

32. Describe your child's personality and behavior. _____

33. What kind of discipline do you find most effective at home? _____

34. Do you have any concerns about your child's development or behavior? _____

35. Please use the rest of this page to have your child draw a picture by themselves using a pencil and crayons.

Thank you for your feedback! We look forward to meeting and working with you throughout the upcoming school year.