



PARENT QUESTIONNAIRE FOR PRESCHOOL

The Haverford Center at The Haverford School

Dear Parents,

Please fill out this questionnaire to help us provide your child with a smooth transition and a successful child care experience. Thank you!

CHILD'S NAME _____

DATE OF BIRTH _____

PHYSICAL DEVELOPMENT

Please check under the word that best describes your child's ability in the following areas:

	Good	Average	Needs help	Not applicable
Uses scissors				
Uses crayons				
Uses pencils				
Climbs				
Walks				
Runs				
Hops on one foot				
Jumps				

Please check under the word that best describes your child's communication:

	Good	Average	Needs help	Not applicable
Uses words to express self				
Speaks clearly				
Vocabulary is age-appropriate				
Understands directions				

BEHAVIORAL/EMOTIONAL DEVELOPMENT:

Does your child have any special habits (thumb-sucking, nail-biting)? If yes, please explain.

Any particular fears?

Can your child occupy herself/himself, and for how long?

Does your child become frustrated easily? If yes, please explain.

How does your child express frustration?

What makes your child angry, and how does she/he express anger?

What method of discipline do you use with your child? How does she/he respond to it?

How does your child react to new situations?

How does your child react when you leave her/him?

Please list your child's favorite activities:

What descriptive words you use to generally describe your child?

How do you and your family spend time together?

SLEEPING HABITS

My child usually naps _____ times/day from: _____ to _____

My child sleeps at night from _____ p.m. to _____ a.m.

Does your child have any sleep disturbances?

Does your child sleep with any special object?

Does your child sleep in her/his crib at night? Yes _____ No* _____

* If No, please explain.

EATING HABITS

Does your child have a good appetite?

What foods does your child like?

What foods does your child dislike?

Does your child feed her/himself?

Any eating problems we should know about?

TOILETING

Is your child fully trained?

Does your child ask to go to the bathroom?

Does your child need help going to the bathroom?

If toilet training is in process, please describe routines/methods you use:

SELF HELP SKILLS

Does your child: _____ dress _____ undress _____ button
 _____ zipper _____ tie shoes

What responsibilities does your child have around the house?

Does your child accept responsibilities willingly (putting away toys after play, completing household chores, homework, etc)? If no, please elaborate:

SPECIAL MEDICAL CONSIDERATIONS

Please list any:

Does your child have any distinguishing birthmarks?

PARENTS' EXPECTATIONS

What are your goals and expectations for your child at The Haverford Center?

Do you have any special concerns or questions to which you would like to draw our attention?

How would you like to participate in our program?

_____ share a special skill/interest: _____

_____ assist with classroom activities: _____

_____ join us for special events: _____

_____ other: _____

Signature of Parent or legal guardian

Date

Academic year: _____