

3s PARENT QUESTIONNAIRE



**HAYES
BARTON
UNITED
METHODIST
PRESCHOOL**

Dear Parents,

Please complete this questionnaire to help us provide your child with a smooth transition and preschool experience. Thank you!

CHILD'S NAME _____

DATE OF BIRTH _____

SIBLINGS (names/ages) _____

PHYSICAL DEVELOPMENT

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

	Good	Average	Needs help	Not applicable
Runs				
Climbs				
Jumps				
Uses crayons/markers				
Uses sensory materials like playdoh/rice bin				

Do you have any concerns about your child's physical development? Yes___ No___

*If yes, please explain:

COMMUNICATION

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

	Good	Average	Needs help	Not applicable
Uses phrases to communicate				
Speaks clearly				
Follows 1-2 step directions				
Answers wh- questions				

Do you have any concerns about your child's speech or communication? Yes___ No___

*If yes, please explain:

BEHAVIORAL/EMOTIONAL DEVELOPMENT

Is your child splitting time between HBUMP and another preschool? Yes___ No___

Has your child attended another early childhood program before? If so, where? Yes___ No___

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

Does your child have a special comfort item? Yes___ No___

Does your child have any special habits (thumb sucking, nail-biting)? Yes___ No___

*If yes, please explain:

Any specific fears? Yes___ No___

Can your child play independently and for how long? Yes___ No___

Does your child become frustrated easily? Yes___ No___

*If yes, please explain:

How does your child express frustration?

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

What approach do you use to guide your child's behavior? How does he/she respond to it?

How does your child react to new situations?

Please list your child's favorite activities:

Does your child enjoy listening to stories? Yes___ No___

What 3 words best describe your child?

How do you and your family spend time together?

SLEEPING HABITS

Does your child still nap? Yes___ No___

My child usually sleeps from _____ p.m. to _____ a.m.

Does your child have any sleep disturbances? Yes___ No___

Does your child sleep with any special object? Yes___ No___

Does your child sleep in his/her crib or bed at night? Yes___ No___

*Please explain:

EATING HABITS

Does your child have any food allergies/sensitivities? Yes___ No___

If so, has an HBUMP allergy plan been created? Yes___ No___

Does your child have a good appetite? Yes___ No___

What foods does your child like?

What foods does your child dislike?

Does your child feed himself/herself? Yes___ No___

Does your child remain at the table while eating? Yes___ No___

Any eating problems we should know about? Yes___ No___

*Please explain:

TOILETING

How long has your child been toilet trained?

If not fully trained, will they be coming in a diaper/pull-up? Yes___ No___ N/A___

Do you still give reminders to your child to use the bathroom? Yes___ No___

Does your child ever have accidents? Yes___ No___

Can your child pull his/her pants up and down? Yes___ No___

Do they wipe independently? Yes___ No___

SELF HELP SKILLS

Does your child: ___ wash hands ___ use forks/spoons
 ___ put on/take off coat ___ open/close containers

What jobs does your child have around the house?

Does your child accept responsibilities willingly (ex: cleaning up toys, putting clothes in hamper)?

Yes ___ No ___

SPECIAL MEDICAL CONSIDERATION

Has the pediatrician/another professional ever expressed concern over your child's development?

Yes ___ No ___

*If yes, please explain:

Is your child currently receiving any interventions/therapies? Yes ___ No ___

*If yes, please explain:

Please list any family concerns, if applicable:

Does your child have any distinguishing birthmarks/skin conditions? Yes ___ No ___

*If yes, please explain:

PARENT EXPECTATIONS

What are your goals and expectations for your child at Hayes Barton United Methodist Preschool?

Do you have any special concerns or questions?

How would you like to participate in our program?

____ share a special skill/interest: _____

____ assist with classroom activities: _____

____ help make materials (playdoh, sensory bins) _____

____ join us for special events: _____

____ other: _____

Signature of Parent or Legal Guardian

Date