

2s PARENT QUESTIONNAIRE

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) _____



**HAYES
BARTON
UNITED
METHODIST
PRESCHOOL**

PHYSICAL DEVELOPMENT

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

	Good	Average	Needs help	Not applicable
Walks				
Runs				
Feeds self				
Uses a Sippy/ Straw Cup				
Sits in a chair				
Holds a coloring tool (ex: crayon)				

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
Repeats words				
Uses words/phrases independently				
Is easily understood				

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

*If yes, please explain:

BEHAVIORAL/EMOTIONAL DEVELOPMENT:

Has your child ever separated from you before (ex: Church nursery)? Yes___ No___

If so, how does he/she respond to that separation?

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

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

*If yes, please explain:

Does your child have a special comfort item? Yes___ No___

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/interests:

What 3 words best describe your child?

How do you and your family spend time together?

SLEEPING HABITS

Does your child still take a morning nap? Yes___ No___

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

My child usually sleeps at night 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 remain in his/her crib 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 remain seated while eating? Yes___ No___

What foods does your child like?

What foods does your child dislike?

Does your child feed himself/herself? Yes___ No___

Any eating challenges we should know about? Yes___ No___

*Please explain:

TOILETING

Is your child fully potty trained? Yes___ No___

Does your child ask to go to the bathroom? Yes___ No___

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

SELF HELP SKILLS

Does your child like to help with jobs at home?

SPECIAL MEDICAL CONSIDERATION

Has the pediatrician ever expressed concern over your child's development? Yes___ No___

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