

4s 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
Runs with coordination				
Climbs				
Jumps				
Pumps a Swing				
Hold crayons/markers/pencils				
Copies writing shapes				
Use scissors				
Opens food containers				

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 sentences to express self				
Speaks clearly				
Vocabulary is age appropriate				
Follows multi-step directions				
Asks and answers questions				

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

*If yes, please explain:

BEHAVIORAL/EMOTIONAL DEVELOPMENT:

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

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

*If yes, please explain:

Any specific fears? Yes___ No___

Does your child enjoy independent play? Yes___ No___

*If no, please explain:

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?

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

Please list your child's favorite activities:

Can your child sit for 10-15 minutes for stories/activities? Yes___ No___

What 3 words best describe your child?

How do you and your family spend time together?

SLEEPING HABITS

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

Does your child have a rest time? Yes___ No___

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 bed at night? Yes___ No___

*If 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___

Does your child remain seated at the table for 15+ minutes to eat? Yes___ No___

What foods does your child like?

What foods does your child dislike?

Does your child feed himself/herself? Yes___ No___

Any eating problems we should know about? Yes___ No___

*Please explain:

TOILETING

Does your child tell you when he/she needs to use the bathroom? Yes___ No___

Does your child need any assistance while in the bathroom? Yes___ No___

Can your child wipe himself/herself independently? Yes___ No___

Do you have any concerns with toileting accidents? Yes___ No___

SELF HELP SKILLS

Does your child: ___ dress ___ undress ___ button
___ zipper ___ put shoes on

What responsibilities/jobs does your child have around the house?

Does your child accept responsibilities willingly (putting away toys after play, completing household chores)? Yes___ No___

*If no, please explain:

SPECIAL MEDICAL CONSIDERATION

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

Has any professional ever recommended any kind of therapy/intervention? Yes___ No___

Are there any interventions your child is currently using or has used in the past? Yes___ No___

*If yes to any, 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