



## PARENT QUESTIONNAIRE

Dear Parents,

Please fill out this questionnaire to help us provide your child with a smooth transition and preschool 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 communications

	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 himself/herself, 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 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:

What descriptive words do you generally use to describe your child?

How do you and your family spend time together?

## **SLEEPING HABITS**

My child usually naps \_\_\_ times/day from \_\_\_ to \_\_\_

My child usually sleeps 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 his/her 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 himself/herself?

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 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 CONSIDERATION**

Please list any:

Does your child have any distinguishing birthmarks?

**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 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