

**MONTVILLE TOWNSHIP SCHOOL DISTRICT**

**PARENT QUESTIONNAIRE**

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Nickname \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_

| <b>Name(s) of Sibling(s)</b> | <b>Age</b> | <b>Names of All Adults in Home</b> | <b>Relationship</b> |
|------------------------------|------------|------------------------------------|---------------------|
|                              |            |                                    |                     |
|                              |            |                                    |                     |
|                              |            |                                    |                     |
|                              |            |                                    |                     |

Please help our staff get to know your child better by responding to the following questions:

**GENERAL INFORMATION**

Language(s) spoken at home \_\_\_\_\_

Is your child left or right handed? \_\_\_\_\_

**EATING HABITS**

Does your child have any food allergies? (Please specify) \_\_\_\_\_

\_\_\_\_\_

Is your child willing to try new foods? \_\_\_\_\_

Some of the foods my child particularly likes are \_\_\_\_\_

Some of the foods my child particularly dislikes are \_\_\_\_\_

**SLEEPING PATTERNS**

My child usually gets into bed by \_\_\_\_\_, falls asleep by \_\_\_\_\_ and wakes up in the morning at \_\_\_\_\_.

My child always/sometimes/never takes a nap during the day.

PRE-SCHOOL EXPERIENCE

Did your child attend pre-school? \_\_\_\_\_

Name and location of the pre-school \_\_\_\_\_

Years attended \_\_\_\_\_ Number of days per week \_\_\_\_\_ Hours per day \_\_\_\_\_

What did the program stress? \_\_\_\_\_

What did your child particularly enjoy doing while participating in this program? \_\_\_\_\_

Do we have your permission to contact the pre-school to obtain additional information to help us plan a program to meet the unique needs of your child? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

SOCIAL DEVELOPMENT

What does your child enjoy doing outdoors? \_\_\_\_\_

What does your child enjoy doing indoors? \_\_\_\_\_

Does your child prefer to play alone or with other children? \_\_\_\_\_

Does your child separate easily from you? \_\_\_\_\_

Does your child have any fears we should be aware of? \_\_\_\_\_

How does your child cope when he/she becomes frustrated? \_\_\_\_\_

How does your child react when he/she doesn't get his/her own way? \_\_\_\_\_

Is your child shy, quiet, or talkative? \_\_\_\_\_

Is your child willing or hesitant to try new experiences? \_\_\_\_\_

### COGNITIVE DEVELOPMENT

Can your child recognize his/her name? \_\_\_\_\_

How high can your child count without leaving any numbers out? \_\_\_\_\_

Can your child recognize and name the upper case letters of the alphabet? \_\_\_\_\_

Can your child recognize and name the lower case letters of the alphabet? \_\_\_\_\_

How long can your child sit and listen to a story? \_\_\_\_\_

Does your child pretend to write by scribbling and drawing an accompanying picture? \_\_\_\_\_

Does your child continually ask "why", "what if", and "how" questions? \_\_\_\_\_

Does your child read independently? \_\_\_\_\_

### GROSS AND FINE MOTOR DEVELOPMENT

Can your child write his/her name? \_\_\_\_\_

Does your child enjoy drawing? \_\_\_\_\_

Does your child enjoy copying pictures or words? \_\_\_\_\_

Can your child hold a pencil correctly? \_\_\_\_\_

Can your child hold scissors correctly and cut on a line? \_\_\_\_\_

Can your child skip? \_\_\_\_\_

Can your child walk down stairs by placing one foot on each step? \_\_\_\_\_

Can your child ride a two wheeled bicycle? \_\_\_\_\_

### ADDITIONAL INFORMATION

Does your child have any special interests or talents the staff should be aware of? \_\_\_\_\_

\_\_\_\_\_

Do you have any special concerns regarding your child? \_\_\_\_\_

\_\_\_\_\_

Has there been a recent divorce, death or illness in the family which might affect your child's academic, social or emotional development? \_\_\_\_\_

\_\_\_\_\_

Please list anything else you would like our staff to know about your child. \_\_\_\_\_

\_\_\_\_\_

Form completed by \_\_\_\_\_

Relationship to child \_\_\_\_\_

Date \_\_\_\_\_