



Preschool Questionnaire 2011-2012

Child's Name: _____ Date: _____

GENERAL INFORMATION

Has your child had any serious illnesses, operations, accidents, or hospital experiences? _____

Explain: _____

What was the child's reaction to this experience? _____

Does he/she have any fears the teacher should know about? _____

Describe his/her usual sleep habits? _____

Is your child able to take care of his/her bathroom needs? _____

Does your child dress him/herself? _____

What are your child's responsibilities at home? _____

What, if any, special help does your child need? _____

OVER

DISCIPLINE AND HABITS

Is the child easily managed or hard to manage? _____

What methods of discipline have you found to be most effective? _____

How does your child react to control and correction? _____

FAMILY AND PLAY INFORMATION

What activities does the child enjoy doing with family members? _____

Does the child play with other children? _____

Does your child usually play with boys or girls and what ages are these children? _____

Does the child usually play alone? _____

Does the child have imaginary playmates? _____

What type of play would you describe as being the child's favorite? _____