



Parent/Guardian Questionnaire

Child's Name: _____ Date of Birth: _____

1. Do you use a nickname with your child? _____

What is it? _____

2. What does your child call his/her parents? _____

3. Please name the following significant people in your child's life:

Siblings: _____

Grandparents: _____

Aunts/Uncles: _____

Cousins: _____

Foster Parents: _____

Other: _____

4. What holidays do you celebrate?

How do you celebrate?

Family Dinner: _____

Visit Grandparents: _____

Sing Songs: _____

Wear Special Clothes: _____

Participate in Parade: _____



4. Do you celebrate your child's birthday? _____
How? _____
Would you like to have your child celebrate with peers in class? _____

5. What traditions do you have? (Example: go to grandparents for Friday night dinner, go to park with Daddy on Sunday): _____

6. What languages is your child exposed to by other family members, friends, babysitters?

7. Does your child have any fears? _____

8. Do you have any animals/pets? (birds, fish, dog, cat) _____
What are they called? _____

9. What do you do with your child on weekends? (i.e., go food shopping, go to park, play video games, do laundry) _____

10. What do you do during vacations with your child (i.e., go to beach, go to movie, go away to another state or country?) _____

11. In the morning, the first thing my child does is _____

12. My child:
___ eats breakfast ___ does not eat breakfast

13. During meals, can your child eat with a:
___ fork ___ spoon

14. Does your child use:
___ a bottle ___ a cup ___ a pacifier ___ a straw

If a bottle, when? _____



15. What does your child like to eat? _____

16. What food does your child prefer for snack? _____

17. Does your child have any allergies, including food allergies? _____

Regarding allergies: What foods your child can or cannot have? _____

If Epi-pen needed, What are reactions/symptoms? _____

18. Can your child wash and dry hands?

___ with help ___ without help

19. Is your child toilet-trained? Check all that apply:

___ days only

___ nights only

___ nights and days

___ showing an interest, however, not yet trained

___ not toilet trained

___ tried, but unsuccessful

___ recognizes a soiled diaper

20. Does your child have an opportunity to wash himself before school?

___ yes ___ no

21. Does your child dress for school?

___ with help ___ without help



22. What toys does your child play with? _____

23. Does your child sleep in:
__a crib __a bed by self __other explain: _____

24. Does your child sleep through the night?
__ yes __ no

25. What time does your child:
go to sleep? _____ wake up? _____

26. What discipline techniques have you found to be successful? _____

27. Is your child with a sitter/daycare before or after school? __yes __no
If yes, where/with whom? _____

28. Does your child participate in any organized activities? (i.e., Dance, Art, Gymboree, Sports)

When and where: _____

29. Is there anything else you would like to share with us regarding your child?

30. What do you look forward to for your child during this school year?

