



Parent Survey

Child's Information

Child's Full Name: _____ DOB: _____

Nickname: _____ M/F (circle one)

Family Tree - Please list all persons in household. If you need more space then continue on back of this page.

<u>Name</u>	<u>Relationship to Child</u>	<u>Age (of child)</u>

Family History

What are your family's traditions and cultural heritage? _____

What values that are most important to you as a family? _____

What are some of the qualities you appreciate about your child? _____

Developmental History

Primary language spoken at home? _____

Any difficulties speaking? _____ If yes, please explain. _____

Any difficulties in physical development? _____ If yes, please explain. _____

Does your child have any special medical history (premature birth, surgeries, developmental delays)?

Social and Emotional Behavior/Routines

What are your child's daily routines and self help skills? _____

Has your child had prior school experience? If yes, please describe any likes/dislikes they had about school. _____

Please describe any previous group experience your child has had. _____

What age group does your child typically play with? _____

What kind of activities does your child like to do at home? _____

Do you think your child is left or right- handed? _____

What makes your child happy? _____

How does your child react to frustration? _____

How does your child demonstrate anger? _____

How do you discipline at home? _____

Does your child have any unusual or strong fears? _____

How would you describe your child's general disposition? _____

How would you describe your child's energy level? _____

What time does he/she go to bed? _____

What is your child's favorite color? _____

Cognitive Development (please circle)

Does your child recognize basic colors?	Yes	No
Does your child have letter A-Z awareness?	Yes	No
Does your child count 1 -20?	Yes	No
Does your child recognize basic shapes?	Yes	No
Is your child familiar with holding crayons?	Yes	No
Is your child familiar with using scissors?	Yes	No

Goals and Outcomes:

What do you hope will be the major outcome of your child's experience this year? _____

How do you want to participate in your child's preschool experience (classroom, talent to share, field trips, celebrations, preparation of materials, etc.)? _____

Is there anything else you would like us to know about your child? _____

