

CHILD QUESTIONNAIRE



Child Development Center
500 Rockledge Road, Lawrence
785-856-6002
www.googolsoflearning.com
"Setting the Standard
in Early Childhood Education"

Dear Parents,

Please help me get to know your child by filling out this form. All the information will be confidential. I will use what you tell me as I begin to get to know your child and plan ways to meet his/her needs and to help him/her develop. It is also important to me to know what you want your child to learn in my class, so please answer question # 21 carefully. Please return it to school as soon as possible.

Thanks so much!

Child's Name _____

Nickname _____

Parents' Names _____

Child's Date of Birth _____ Today's Date _____

Child's Teacher _____

1. Does your child live with both parents one parent other adults
(please specify) _____
2. Please list the *names* and *ages* of others who live in your home. (This will help me write names correctly on pictures your child draws about his/her family.)
Brothers: _____
Sisters: _____
Others in home _____
3. Pets (Name & type of animal) _____
4. Father's Occupation _____ Mother's Occupation _____
5. Does your child have a room of his own? _____
a. If not, with whom does he/she share a room?

6. What are your child's favorite play activities and interests?

7. Does child use special words to go to the bathroom? _____
8. Child's favorite TV programs _____
a. Hours per day spent watching TV _____
9. Does your child usually play alone? with one friend? with a few children?

with younger children? with older children? with children the same age?

10. Does child have decided fears? If so, what? _____

11. What responsibilities does your child have at home?

12. What is your biggest discipline challenge?

13. How do you discipline your child? _____

14. What is your child's favorite story or type of story or book?

15. Did your child have a premature or difficult birth that may indicate cognitive delays? _____

16. Is English your child's first language? _____ If not, what is? _____

17. Is English the primary language spoken in the home? _____

a. If not, what is? _____

18. Does your child speak any English? _____ Understand English? _____

19. Do you feel it would be helpful for us to inquire about a translator? _____

20. How does your child feel about coming to school?

21. What do you hope your child will learn this year?

22. Would you like a 'Daily Sheet' to go home with your child to fill you in each day?

Yes

No, not necessary at this time

23. Please make comments about anything else you think I need to know about your child _____

23. What is your favorite thing about your child?



It is our goal to encourage a sense of belonging, promote an appreciation of others and enrich children's experiences by integrating into our curriculum activities and information that reflect our individual children's background. One way we can do this is by learning about each child's family background, celebrated holidays, and traditions. Please take a few minutes to share with us your special family days or activities and how they are carried out in your home.

24. What languages other than English are spoken by family members around your child?

25. Does your child have any physical or learning disabilities? _____ If so, please describe _____

26. Are there any family members with disabilities that may directly impact your child's daily life (for example, a deaf grandparent, wheel-chair bound parent, etc.)

27. What information about your family's background and culture would you like to share with us?

28. What are the holidays, special days, or traditions your family partakes in?

29. Are there any special foods, songs, items or symbols you include in your celebration of special family times?

30. Does your child have any dietary restrictions due to allergies, intolerances, family or religious preferences? ___ If yes, what is restricted? _____

31. Are there any activities from your family's culture or traditions that you would like to share with your child's classroom?
