

# Family Questionnaire

*Please fill out this questionnaire to the best of your ability. The intent is to help us get to know your child better. There are no right or wrong answers; all information will be used to help us get to know your child better. We look forward to forming a collaborative relationship with our parents and working together with you to ensure that your child reaches his/her fullest potential. Thank you for sharing this information with us.*

Child's name: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

Number of siblings: \_\_\_\_\_ Ages: \_\_\_\_\_

Biological parents' relationship:

\_\_\_\_\_ Living together \_\_\_\_\_ Living separately with \_\_\_\_\_

\_\_\_\_\_ One parent deceased \_\_\_\_\_ Other: \_\_\_\_\_

Has your child had prior school experience? If yes, please describe any special likes or dislikes she/he had about school. \_\_\_\_\_

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Name of previous/current daycare or school program: \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

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Describe some of the qualities you especially appreciate about your child: \_\_\_\_\_

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Describe your child's daily routine and self-help skills: \_\_\_\_\_

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What kind of activities does your child especially like to do at home? \_\_\_\_\_

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How do you discipline your child? \_\_\_\_\_

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How does your child adapt to changes in activity or location? \_\_\_\_\_

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How does your child react to frustration? \_\_\_\_\_

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Does your child have any unusual or strong fears? \_\_\_\_\_

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Does your child have any special medical history? \_\_\_\_\_

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Is your child completely potty trained, including dry at night? If not, what strategies are you using to work on this? \_\_\_\_\_

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Words she/he uses when needing to go to bathroom: \_\_\_\_\_

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What kind of communications do you expect between the school and your family? \_\_\_\_\_

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What do you hope will be the major outcomes of your child's school experience this year? \_\_\_\_\_

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What are your general goals for your child over the next year? \_\_\_\_\_

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What elementary school will your child attend? \_\_\_\_\_

Please give any additional information that will help us understand your child: \_\_\_\_\_

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Name of Parent completing this form: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Director

Date: \_\_\_\_\_