



Student and Family Questionnaire

Date: _____

Parent's Name(s): _____

Phone Number: _____

The answers to this questionnaire will be used to help teachers best meet the needs of your child. The answers provided will enable us to provide a program that takes into account the varied backgrounds and experiences of the children at Butterfly Garden. As with all information you have provided, this information will be kept confidential.

Please take some time this week to complete the questionnaire and return it as soon as possible.

Child's Name: _____ Date of Birth: _____

Name to be called at school: _____

Parents: Married____ Single Parent____ Divorced____ Separated____

Are there any special visitation schedules or custody arrangements we should know about? (If so, please provide legal documents regarding the arrangements)

Father's Occupation _____ Mother's Occupation _____

Do both parents currently work outside the home? Y N

Who is the primary caregiver at home? _____

Please list the names and ages of any siblings:

Are there any other members of the household not listed? If so, please list.

Has your child previously attended preschool or childcare? Y N
If yes, where? _____

What was the reason for leaving the previous program?

Has your child participated in any educational or enrichment activities?
(i.e. swimming, gymnastics, speech, etc.) Y N

Does your child understand and speak English? Y N

Has Your child ever had an allergic reaction? Y N
To what? _____

Does your child have any diagnosed food allergies? Y N

Does your child require an Epi-Pen? Y N

Does your child take any medication on a regular basis? Y N
Name of Medication: _____
Dosage: _____

Are there any foods your child dislikes?

What cultural holidays, celebrations or practices are celebrated in your home?

Does your child have special needs? Y N

Does your child have an IFSP or an IEP? Y N
If yes, please attach a copy.

Does your child have any special medical history? _____

Do you have any special rules in your home? _____

What type of discipline do you use at home? _____

How does your child react to this discipline? _____

Does your child accept correction/redirection easily?

Is your child potty trained? Y N

If in process, what techniques are being used to encourage the acquisition of this new skill?

How and when are meals served in your home?

Describe your child's napping/sleeping routine and schedule.

Does your child share a bedroom? Y N With whom? _____

What time does your child go to bed at night? _____ Wake up? _____

Does your child have any fears? _____

How does your child react to frustration? How does your child relax or soothe him/herself?

How does your child help at home? _____

Do you have any concerns about your child's development?

Does your child demonstrate a preference for being left or right handed?

Do you feel your child's speech is clear? Y N If no, please explain.

How many hours of TV or videos does your child generally watch each day? _____

What activities does your child enjoy doing with his/her mother?

What activities does your child enjoy doing with his/her father?

Does your child enjoy playing alone? Y N

Favorite alone time activities: _____

Has your child had a group play experience? Y N

Does your child play well in a group situation? Y N

Please circle the words below that describe your child.....

happy aggressive friendly moody clumsy dependent stubborn

impulsive fearful quiet shy good-natured even-tempered attentive

Other: _____

Has your child learned to.....

Say nursery rhymes_____ Sing songs_____ Listen to stories_____

Say his/her name_____ State his/her age and sex_____ Count_____

Dress independently_____ Recognize and name common objects_____

Follow simple directions_____ Name basic colors_____

Throw and catch a ball_____ Hop on one foot_____

Balance on one foot_____ Ride a tricycle_____ Write name_____

Draw a person_____

Is there anything else you think we should know about you or your child?
