

Parent Questionnaire

Child's name: _____

Medical: Allergies: _____

Special Conditions: _____

Napping: Does your child nap at home? Yes No

Favorite comfort items: _____

Positions or routines that are helpful at naptime: _____

Communication: What is the best way for me to communicate with you?

Text

Email

Phone

Where can parents be reached during school hours: _____

Most convenient hours to contact you about your child's progress at school:

Family Information: Circumstances that would help us be sensitive to your child's needs:

Talents or jobs that parents or family members have that they would like to share with our classes. (Music, Vocal, Vocational, Hobby, etc.)

Family Pets: _____

Would you like to help with class parties? Yes No

Toileting: Does your child need assistance? Yes No

How can we best help? _____

Behavior: Does your child have any special fears? Yes No

Are there any special words that your child uses that might not be readily recognized?

When your child gets upset, what helps them calm down?

Are there any food preferences or avoidances that we need to know about?

Other: Any other things you would like us to know about your child?

Signature of Parent

Date