



Student Information Questionnaire

(Will be used by Teachers)

Student's Name _____

FAMILY STRUCTURE

1. Guardians: Married Separated Divorced Parent Deceased

2. List ALL other persons in the household besides parents and children (Name/Relationship)

3. Person(s) responsible for child's care: Parents Other

Name of caregiver _____ Phone _____

Does parent or caregiver speak English to your child? Yes No

If no, language spoken: _____

Who stays with your child if both parents work? What is their name?

4. Describe your child's relationship with his/her siblings and include ages:

5. Does your child have any preschool or daycare history? Yes No

If yes, please explain: _____

Social Behavior:

Toilet Habits: _____

Child's terms for: urination? _____

bowel movements? _____

Sleeping Habits: Nap during day? _____ How long? _____ When? _____

Awakens in morning at: _____ Goes to sleep at: _____

Special items needed at nap time? _____

Health: Allergies or any specific conditions and/or limitations _____

Play Habits: Prefers to: play alone? _____ with adults? _____ with other children? _____

Describe group experience(s) with other children

Favorite outdoor activities _____

Favorite indoor activities _____

Television/Screen time:

How much TV/Screen time does your child watch?

Favorite programs _____

Describe your child's attitude toward:

Learning new skills _____

Being introduced to new people, objects, places _____

Eating Habits:

Appetite: Good Fair Poor

Utensils used _____

Procedures before meals _____

Specific Likes _____

Specific Dislikes _____

Speech:

What language(s) does your child speak? _____

Does your child have any speech/language issues? _____

If yes, are they receiving speech/language services? _____

Please describe _____

Describe any areas of speech/language in which your child may have problems:

Fears:

Animals? Dark? Storms? Others?

Additional Information _____

Nervous Habits (thumb-sucking, etc.)

List any behavior or physical difficulties your child may have or other aspects of your child's development you have concerns about (history of allergies, epilepsy, heart condition, premature birth, difficult delivery or prenatal problems, hospitalizations or evaluations for developmental delays)

Has your child been evaluated for any learning issues? IEP? ChildFind?

Please add any additional comments which may help us to better know your child:

What expectations do you have for your child in preschool?