

St. Paul's Episcopal Preschool
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 caregiver speak English with your child? Yes _____ No _____

If no, language spoken: _____

Who stays with child if both parents work/name?

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

5. Does your child have any preschool or daycare history? 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? _____

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)

Please add any additional comments which may help us to better know your child (feel free to use back of sheet)

What expectations do you have for your child in preschool?
