

# Downtown Jewish Preschool PARENT QUESTIONNAIRE



Date: \_\_\_\_\_  
**CHILD'S NAME** \_\_\_\_\_ Present age \_\_\_\_\_ DOB \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Type of birth: Normal \_\_\_\_\_ Premature \_\_\_\_\_ Any complications? \_\_\_\_\_  
 Please explain \_\_\_\_\_  
 Age child began sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_  
 Does child fall easily? \_\_\_\_\_  
 Age child began talking \_\_\_\_\_  
 Current language abilities \_\_\_\_\_  
 Primary language spoken at home \_\_\_\_\_ secondary \_\_\_\_\_  
 Do you have any concerns about your child's speech? \_\_\_\_\_  
 Explain: \_\_\_\_\_  
 List past major illnesses or physical conditions \_\_\_\_\_  
 \_\_\_\_\_  
 List any accidents, operations, or hospitalizations (and dates) \_\_\_\_\_  
 \_\_\_\_\_

Does your child now (or has your child in the past) receive any of the following services:

	Provider	Phone:
___ Occupational Therapy	_____	_____
___ Physical Therapy	_____	_____
___ Speech Therapy	_____	_____
___ Behavioral Therapy	_____	_____

Have any of the above services ever been recommended for your child? \_\_\_\_\_  
*We would like to be able to work with or consult any privately hired specialist working with your child so that we can reinforce skills and techniques used in therapies. Please sign below that we have permission for open communication. Each service provider must register at our front office before meeting with a child. They must sign a letter of confidentiality.*

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

**SLEEPING HABITS**

What is your child's normal bedtime? \_\_\_\_\_  
 What is a normal waking time for your child? \_\_\_\_\_  
 Does your child have any trouble sleeping or falling asleep? \_\_\_\_\_  
 Does your child nap during the day? \_\_\_\_\_ How long? \_\_\_\_\_  
 Does your child have a favorite nap time toy? \_\_\_\_\_  
 Are there any concerns about your child's sleep habits? \_\_\_\_\_

**EATING HABITS**

Does your child have any known food allergies? \_\_\_\_\_  
 What reaction should we expect? \_\_\_\_\_  
 Insect bite allergies? \_\_\_\_\_  
 What reaction should we expect? \_\_\_\_\_  
 Does your child enjoy eating? \_\_\_\_\_

Does your child feed him/herself? \_\_\_\_\_ spoon? \_\_\_\_\_ fork? \_\_\_\_\_  
Are there any concerns about your child's eating habits? \_\_\_\_\_

### **BATHROOM**

Please note that toilet training is not a criteria for enrollment.

Is your child toilet trained for urine? Y | N For bowel movements? Y | N

What word is used for urination? \_\_\_\_\_ for bowel movements? \_\_\_\_\_

Do accidents occur? Y | N How often? \_\_\_\_\_

Does your child need help in the bathroom? \_\_\_\_\_ To what extent? \_\_\_\_\_

### **SOCIAL AND EMOTIONAL BEHAVIOR/EXPERIENCES**

Has your child had experience playing with other children? \_\_\_\_\_

Has your child been in a formal school setting? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

Does your child tend to play with children who are older | younger | same age ?

Does your child enjoy playing alone? Y | N

What makes your child angry or upset? \_\_\_\_\_

How does your child express anger, frustration, or disappointment? \_\_\_\_\_

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

How does your child relate to new people? \_\_\_\_\_

What do you find is the best way to relate to your child when he/she is upset? \_\_\_\_\_

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

Is it difficult for your child to separate from you? \_\_\_\_\_

All children experience stages of development and behavior. We are primarily interested in knowing about any regular patterns of behavior which your child frequently demonstrates. Please circle...

cries easily

temper tantrums

thumb sucking

active

fearful

independent

quiet

easy going

excitable

daydreams

calm

friendly

willful

happy

shy

impulsive

cooperative

aggressive

Is there any additional information that could help us to make preschool a positive experience for your child? *(Please feel free to use a separate sheet of paper)*

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Thank you for taking the time to fill out this questionnaire.