



PRESCHOOL QUESTIONNAIRE

Dear Parents,

When a child enters school, his/her behaviors, skills, limitations and needs will reflect his/her prior experiences. To individualize our program, we as teachers, must have information about your child's background. You, as parents, are our most important source of information about your child. We would like to know more about your child in order to understand and effectively teach him/her. Our aim is to adapt our program to the child rather than the child to the program. Please answer questions as completely as possible. All information is confidential. Thank you!

EEC Teachers

Child's name _____ Birth Date _____

1. What special skills does your child have?

2. What are your child's special interests?

3. What new things has he/she learned recently?

4. In what ways is your child independent?

5. In what ways is your child dependent?

6. What are your child's favorite toys and activities at home?

7. What does your family enjoy doing together?

8. Who are your child's playmates and how much time is spent with them?

9. What are favorite activities with a playmate?

10. What are your child's sleeping habits? Does he/she take a nap? Are there any problems connected with sleep?

11. What are your child's toilet habits? What words are used for toileting? What help is needed? Are there any difficulties?
12. What situations does he/she find upsetting or frightening?
13. How does your child react to being away from you?
14. How is your child disciplined?
15. How is your child rewarded?
16. How does your child react to your method of guidance?
17. How does your child react to strangers?
18. What traits are you eager for your child to develop?
19. What do you enjoy most about your child?
20. Which of your child's present behaviors do you dislike?
21. How does your child respond to success and failure?
22. What do you hope your child will gain from his/her experience in preschool?
23. Please add any comments which you feel would be helpful to us in knowing your child:

24. The area of growth our child is under the care of or might need the possible care of a specialist (s) is:
Name and phone number of specialist:

Signature of Parent _____