



Parent Questionnaire

Please take a few moments to answer the following questions. These questions will aid us in understanding your child's needs and any special concerns you may have.

Child's Name _____

Any nicknames your child goes by-

List all family members that reside with your child-

Does your child have any health concerns or allergies that you would like to discuss?

Does your child have any special fears or concerns that we should know about?

How does your child feel about starting preschool?

What would you like your child to accomplish this school year?

How does your child interact with other children his/her age?

Any other comments or questions-