

Parent Questionnaire

Please complete this survey. The information will help us become better acquainted with your child. Feel free to use additional paper as necessary. We would like to thank you in advance for providing this useful information. Please circle/complete.

I. Family History

By what name do you usually call your child? _____

Marital Status of Parents: Married__ Divorced_ Single__ Separated ____

List the names and ages of other children in your family (Name and Birthdates)

1. _____ 3. _____

2. _____ 4. _____

II. Physical Regime

Does your child have any disabilities including allergies that we should be aware of? If so, please explain.

What terminology does your child use regarding the use of the bathroom?

What is your child's usual bed time _____ usual waking time _____?

III. Play and Sociality

How does your child get along with other children _____?

Are his/her playmates girls _____ boys _____ younger _____ older _____.

Previous group experience: Preschool _____ Daycare _____ Sunday School _____

IV. Personality and Emotional Development

Do you regard your child as affectionate _____ To whom _____ ?

Does your child accept new people easily _____ ?

If your child has unusual fears, what are they _____ ?

Does your child have tantrums _____ ?

V. When you find it necessary to discipline your child, which parent usually does this and how _____ ?

VI. Do you consider your child to be: right-handed _____, Left-handed _____ Not sure _____

Does your child use the following at home? Please circle.

Crayons Scissors Pencil Markers

What do you see as your child strengths

_____ ?

Is there any area in which you anticipate difficulty for your child? Sharing, following directions, separations, self-help skills, etc.

VII. Give any further information which you believe will be helpful to us in understanding your child.

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