

Ascension Preschool

Questionnaire

Identifying Data:

Child's Name _____ Sex _____
 First Middle Last

Preferred Name _____ Birthplace _____
 City State

Family Data:

Please tell us about the members of your child's usual household (Names, relationships and ages of siblings). _____

Please describe any circumstances you think we should be aware of (adopted child, divorce, death, alliances, accidents, medical problems...) _____

What activities are done together as a family? _____

What is your religious preference? _____

School Data:

Has your child had any previous school, play-group or day care experience? _____

Please describe? _____

How well do you anticipate your child will adjust to Ascension Preschool? _____

What do you expect of Ascension Preschool and its program? _____

Child’s Behavior Patterns and Habits:

Does your child have any particular habits or mannerisms, such as thumb sucking or nail biting? Please describe _____

Does your child have any particular fears, such as dogs, sirens... _____

Does your child have nightmares or night terrors? _____

In general, how does your child react to anxiety or stressful situations? Does (s)he cry, withdraw, throw tantrums? _____

What is your accustomed mode of disciplining your child? What is your “philosophy” of discipline? _____

Does your child speak English? _____ Any other languages? _____

To the best of your knowledge, does your child have any language problems we should be aware of?

Does your child have any learning disabilities, emotional disturbances or physical handicaps we need to be aware of?

Does your child have any allergies? _____ If so, please specify. _____

Tell us about your child's eating habits? (example: likes, dislikes, feed themselves...)

Is your child toilet-trained for urine? _____ for bowels? _____

Does your child have any particular words for toileting we should know? _____

Do you have any concerns about your child's toilet habits? _____

Does your child sleep well? _____ Does your child usually nap? _____

How long? _____ When? _____

Do you have any concerns about your child's sleeping habits? _____

Is there anything else in your child's developmental history that we should be aware of?
