

Parent Questionnaire
Help us learn more about your child and your family.

Child's Name:	DOB:
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1. Does your child have any siblings?

Yes

No

How many?

Ages?

2. What languages are spoken at home?

3. Please list other individuals in addition to parents who live at home.

4. If there are two households, please describe the custody arrangements.

5. What special interests does your child have?

6. What do you see as your child's strengths?

7. What are some of your child's favorite books, toys, and/or activities?

8. Does your child have any specific needs? Please explain.

9. Does your child have any particular habits, behavioral patterns, etc. that the teacher should know of?

10. Are there challenges with behavior management at home? Please explain.

11. What method of discipline/guidance is used at home?

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

13. Is your child able to communicate verbally express himself/herself?

14. Please provide any useful information that will help teachers understand your child so that he/she can have the best possible experience at school?

Parent Name:	
Parent Signature:	Date: