

## Parent Survey

Please help your child's teacher get to know him/her a little better by filling out this form. All the information will be confidential and will be used only by your child's teacher in planning for his/her development.

Mom's/guardian's occupation \_\_\_\_\_ email \_\_\_\_\_

Dad's/guardian's occupation \_\_\_\_\_ email \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Child lives with:      \_\_\_ both parents      \_\_\_ one parent      \_\_\_ guardian/s

Names and ages of siblings \_\_\_\_\_

Has your child been in a childcare or preschool setting? If so where? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Which of these words best describes your child?

_____ Lacks self control	or	_____ Uses self control
_____ Independent	or	_____ Dependent
_____ Pleasant	or	_____ Disagreeable
_____ Attentive	or	_____ Inattentive
_____ Follows directions	or	_____ Does not follow directions
_____ Confident	or	_____ Shy

My child usually plays:      \_\_\_ alone      \_\_\_ with a friend      \_\_\_ with groups of children

\_\_\_ with younger children      \_\_\_ with children of the same age      \_\_\_ with older children

What are your child's responsibilities at home? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

What fears if any does your child have i.e. animals, dark? \_\_\_\_\_

Does your child have any nervous habits? If so please explain \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

How does your child feel about going to school? \_\_\_\_\_

What do you hope your child will learn this year? \_\_\_\_\_

\_\_\_\_\_