



Parent Input/Family Questionnaire for New Families ____ or Returning Families ____

If your child is new to the school it is important to the staff of **The Little School** that your child have the most successful experience possible. It will help us to become better acquainted with your child so that we can form a collaborative relationship with you and ensure that he/she reaches his/her full potential. If your child is a returning student, informing us of any changes since the last time you completed this questionnaire will help us prepare for the new school year. Please take a few minutes to complete this Family Questionnaire. The information you provide will help us plan a program that is fun, interesting, and appropriate for your child's development.

Child's Name _____ Child's Age ____ yrs. ____ mos.

Nickname _____ Birth Date _____

Elementary school your child will be attending: _____

Please list all the **adults** living in your household

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Please list each **child** in the family with their age and gender

Name	Age	Sex (M or F)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pets? (type/name) _____

Activities - What are some special activities your family participates in daily, weekly, monthly, seasonally, annually, etc. (book clubs, charities, apple picking, soccer, swimming, etc...) ?

Languages - What language or languages are spoken in your home?

Celebrations - What are some special days and/or reasons your family celebrates?

What are some of the things your child **likes to do**? (Favorite games, toys, activities, etc.)

How would you describe your child's **personality**? _____

How does your child react to **frustration**?

How would you describe your child's **energy level**?

Does your child **nap** every day? _____ If yes, how long? _____

What are some of your child's **favorite foods**? _____

Least favorite foods? _____

Please list your child's **allergies**: _____

Please list any **FOOD ALLERGIES**: _____

Were these food allergies confirmed by a physician? Yes _____ No _____

Suitable **substitute food items** _____

Any food restrictions? (Kosher, vegetarian, etc.) _____

Please list any **chronic conditions** for which your child **takes medication regularly**:

Does your child have **fears** (e.g., storms, animals, insects, etc.)? _____

How does your child **follow rules** and **expectations** within the home? _____

What methods do you use at home to **motivate** your child to follow rules and meet expectations?

Please describe any **developmental issues or concerns** regarding your child:

Does your child currently have an **IFSP** or **IEP**? _____

Please list any **special services** (i.e., physical therapy, occupational therapy, speech therapy, special instruction) your child is/will be receiving:

When are they provided? _____ Frequency? _____

Who is providing these services? _____

Location? (Home, school, center) _____

Has your child attended preschool before? _____ Where? _____

Describe the **experience** and your child's reaction to it: _____

How would you describe your child's **learning style**? _____

Is your child **toilet trained**? _____ If not yet, describe **toileting routine**: _____

Can your child **dress & undress** himself/herself? _____

Can your child **feed** himself/herself? _____ Use a **fork and spoon**? _____

What do you see as your child's greatest **strengths**? _____

In what areas do you want to see your child's **full potential** more developed? _____

What else would you **like us to know** about your child? _____

What are you hoping to have your child **gain from this preschool experience**? _____

Does your child have older sibling(s) who attended the Little School? _____ yes _____ no

If yes, what teacher(s) did the older sibling(s) have and would the teacher be a good fit for your child? Please explain why.

Please indicate **ONE friend request** (note: the request must be mutual; multiple friend requests will not be accepted):

Any other information you would like us to consider when we discuss your child's placement?

Parent signature: _____

Date: _____

*****Specific teacher requests, with the exception of a de-request for a teacher that an older sibling had, will NOT be honored. Friend requests are not guaranteed, as we also have to take into consideration your child's current classroom teachers' input. *****

Thank you for completing this questionnaire. We look forward to getting to know your child and family!

Please submit this form directly to the main

office. This form is due by: June 8, 2018