



Kids' B.A.S.E. & The Little School

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 to Kim at kfucale@kbls.org

This form is due by: June 5, 2020