

BUTTONWOOD PRESCHOOL QUESTIONNAIRE

Child's Full Name _____	Nickname _____
Father's Name _____	Mother's Name _____
Are there other people living at home?	Name _____ Relationship _____
	Name _____ Relationship _____
	Name _____ Relationship _____

Does your child have any physical problems? _____
Has your child ever been hospitalized? _____ Why? _____
Left Handed _____ Right Handed _____
Any allergies? _____
Any food restrictions? _____
Any speech difficulties? _____

Does your child nap? _____ When? _____
Any pets in your home? _____
Does your child have any fears? _____ What kind? _____
How would you describe your child's reaction to new situations and people? Shy _____ Aggressive _____ Outgoing? _____ Tense? _____
What words does your child use when asking to go to the bathroom? _____
How does your child express frustration? _____
Does your child exhibit temper tantrums? _____ How do you react to this? _____
What method of discipline do you use with your child? _____
Has your child ever spent time away from his mother during the day? _____ How frequently? _____ With whom? _____
Who is going to be responsible for your child's transportation? _____ Address _____ Phone _____
What quality would you most like to see your child develop this year? _____ Explain _____
Has your child previously attended a preschool? _____ Where? _____