

## WEEKDAY PRESCHOOL BACKGROUND QUESTIONNAIRE

The following questionnaire is designed to help the preschool staff get to know your child and to make the preschool experience a positive one. The information is for the staff use only and will be kept strictly confidential. Share anything you feel will help the teacher help your child.

1. Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### Family

2. Names and ages of other children in your family: \_\_\_\_\_

Extended family or other significant relationships your child has: \_\_\_\_\_

3. Was your child adopted? Yes No At what age? \_\_\_\_\_

4. What stories, foods, activities, or songs could we include that would represent and support your family's cultural heritage or religious traditions? \_\_\_\_\_

5. Is there a language other than English spoken at home? Yes No If yes, what language? \_\_\_\_\_

### Health

6. Did your child have a normal, full term birth? Yes No If no, explain: \_\_\_\_\_

7. How was your child's general health as a baby? \_\_\_\_\_

8. Do you have concerns about your child's development? (vision, hearing, speech, physical, sensory?)

9. Has your child participated in or are they currently receiving speech, occupational, and/or physical therapy services? Explain \_\_\_\_\_

**Experience**

10. Has your child been cared for by people other than the parents or had other preschool/group experiences? \_\_\_\_\_

\_\_\_\_\_

**Behavior**

11. Family situations that may influence school behavior?: (new baby, divorce, illness, recent move, significant loss) \_\_\_\_\_

\_\_\_\_\_

12. What are your child's favorite activities? \_\_\_\_\_  
Favorite stories and songs? \_\_\_\_\_

\_\_\_\_\_

13. What is your child's typical reaction to new people? (children, adults) \_\_\_\_\_

\_\_\_\_\_

14. Does your child go to the bathroom without your help? Yes No What words might she use?

\_\_\_\_\_

15. How does your child deal with disappointment or frustration? \_\_\_\_\_

\_\_\_\_\_

16. What discipline methods do you find are most effective? \_\_\_\_\_

\_\_\_\_\_

17. Does your child express fears? \_\_\_\_\_ How do you help  
him cope with his fears? \_\_\_\_\_

\_\_\_\_\_

18. In what ways do you hope the preschool experience will help your child grow? \_\_\_\_\_

\_\_\_\_\_

19. Is there anything else you would like the teacher to know about your child? \_\_\_\_\_

\_\_\_\_\_

Name of person filling out questionnaire: \_\_\_\_\_ Date \_\_\_\_\_