

Preschool Parent Interview

Date _____

Child's Name _____ Name Child goes by _____

Child's Date of Birth _____ Home Language _____

Parent/Guardian Name _____ Phone Number _____

Email address _____

Parent/Guardian Name _____ Phone Number _____

Email address _____

Is your family/child vegetarian? _____

Does your child have any allergies or sensitivities? If yes, please describe fully below: _____

Were there any special circumstances surrounding your child's birth such as premature birth, early trauma, adoption, prolonged hospitalization, etc.? If yes please describe: _____

Child's age when he/she first walked _____

Child's age when completely toilet trained during day hours? _____ Over nights? _____

What time does your child get to bed at night? _____

What time does your child get up in the morning? _____

Has your child ever been hospitalized? Yes _____ No _____ If yes, give dates and reasons: _____

Does your child currently or has your child ever had special issues with speech, vision, hearing, eating and/or health? _____

Please name all members of your household and their relation to your child _____

Does your child live with both parents? _____

If not are their custody issues we should be aware of? _____

What languages are spoken at home? _____

Please list types of pets and their names _____

List any fears your child has _____

Does your child have any special attachments such as a blanket, thumb, or stuffed animal?

How does your child relate to other children?

To adults? _____

List the types (if any) of child care settings your child has been in? _____

What is your child's reaction to new situations? _____

Describe your child's favorite learning and play activity at home: _____

Yes No

___ ___ Does your child choose his/her own clothes to wear?

___ ___ Does your child dress him/herself?

___ ___ Does your child go to the bathroom alone?

___ ___ Does your child have his/her own bedroom?

___ ___ Does your child clean his/her own room?

___ ___ Does your child go to bed easily?

Please describe how your family handles behavioral issues: _____

What is the greatest behavioral issue you have at home with your child? _____

What will be the typical drop off and pick up hours for your child?

Monday _____ _____

Tuesday _____ _____

Wednesday _____ _____

Thursday _____ _____

Friday _____ _____

All information given is kept confidential and is used to make your child comfortable and to accommodate your child in every way possible.

Please take the time to fill out our parent volunteer form. We want to include all families in our school and welcome families to share in their culture and family traditions.
