

Early Childhood Division Parent Questionnaire

Dear Parents: In order to assist us in getting to know your child better, we would appreciate your answers to the following questions:

Title Preference: Mr. Mrs. Ms. MD PhD Parent Step-parent Grandparent

Full name of parent 1: (Last) _____ (First) _____ (M.I.) _____

Full name of parent 2: (Last) _____ (First) _____ (M.I.) _____

Child's name: (Last) _____ (First) _____ (M.I.) _____

Preferred name: _____ Male Female

Briefly describe your child: _____

Siblings

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Social Experiences

Has your child attended pre-school? _____ If so, where? _____

How many days a week? _____ How many hours per day? _____

How does your child usually play? _____

With whom does your child usually play? Alone Older child(ren)/sibling(s) Younger child(ren)/siblings

What activities does your child enjoy doing indoors? _____

What activities does your child enjoy doing outdoors? _____

Has your child had experience with paints, crayons, and scissors? _____

What are your child's favorite TV programs? _____

How many hours a day does your child watch TV? _____ How many hours a day does your child play video games? _____

How many hours a day does your child use the home computer? _____

Does your child have any existing health problems of which the school should be aware? _____ If so, what are they? _____

Does your child have frequent illnesses such as earaches, stomachaches, colds, etc.? _____

Is your child allergic to anything (e.g., milk, bee stings, nuts)? _____

Is your child currently taking any medications? _____ If so, please list: _____



St. Richard's School

33 East 33rd Street
Indianapolis, Indiana
46205-3401

Telephone 317.926.0425
Facsimile 317.921.3367
www.strichardsschool.org

Has your child ever had a psychological/educational evaluation?

If so, would you be willing to share the results with the school in an effort to better serve your child?

Is your child right-handed, left-handed or undecided?

Check any and all characteristics/behaviors that apply to your child:

- | | | | |
|---------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> Cries easily | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Daydreams | <input type="checkbox"/> Sulks |
| <input type="checkbox"/> Whines | <input type="checkbox"/> Shares | <input type="checkbox"/> Sucks thumb | <input type="checkbox"/> Responds well to praise |
| <input type="checkbox"/> Happy child | <input type="checkbox"/> Fear of new things | <input type="checkbox"/> Other _____ | |

What are your child's greatest strengths/weaknesses (e.g., personality, fine motor skills, large motor skills, coloring, etc.)?

Strengths:

Weaknesses:

Does any particular thing(s) have an unsettling affect on your child (e.g., loud noises, separation from parents, etc.)?

When did your child first crawl?

Walk?

Which of the following personal skills is your child able to do for himself/herself?

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Put on shoes | <input type="checkbox"/> Tie shoes | <input type="checkbox"/> Put on coat |
| <input type="checkbox"/> Snap/button coat | <input type="checkbox"/> Put on mittens | <input type="checkbox"/> Zip coat |

Additional comments, if any:
