

Dear Parents:

Your child's **School Age Teacher** would like to get to know him/her better. Please fill out this form and return it to school as soon as possible. Any information you provide will be confidential and used only by your child's Teacher to help plan developmentally appropriate learning experiences. Thank you for your assistance.

Child's Name: _____ Nickname: _____

Person Filling Out This Form: _____ Relationship to Child: _____

Child's Address: _____

Date of Birth: _____ Place of Birth: _____

Does your child live with: ___ Both Parents ___ One Parent ___ Other Adults

Please Explain: _____

Names and ages of brothers and sisters: _____

Pets (name and type of animal): _____

Which of these words better describes your child:

___ uses self-control or ___ lacks self-control

___ dependent or ___ independent

___ agreeable or ___ disagreeable

___ inattentive or ___ attentive

___ follows directions or ___ does not follow directions

___ confident or ___ shy

Does your child have any allergies: ___ No ___ Yes Please Explain: _____

In what ways do you think your child is different from others: _____

What are your child's favorite play activities and interests? _____

-OVER-

(Parent Questionnaire continued)

What are your child's favorite TV programs? _____

How many hours per day does your child watch TV? _____

Does your child usually play: ___alone ___with one friend ___with many children
___with a few children ___with younger children ___with children the same age

Is your child involved in any regular activities outside of your home? _____

What are your child's responsibilities at home? _____

What does your child enjoy doing with the family? _____

How does your child get along with other children? _____

How does your child get along with adults? _____

What are the three most important rules at home for your child? _____

What is your biggest discipline problem? _____

How do you discipline your child? _____

How do you think your child will adjust to WMCC? _____

What fears does your child have? ___animals ___dark ___storms ___strangers

Other: _____

Does your child have any nervous habits? _____

How does your child feel about attending WMCC? _____

Parent Signature _____ Date _____