

Early Childhood Development Center Kaleidoscope

2020-2021 Parent Questionnaire

Family Information

Child's Full Name: _____ D.O.B. _____ / _____ / _____

Child's Nick Name _____ Male/Female _____

Language spoken at home _____

Mother's Full Name _____

Occupation _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Father's Full Name _____

Occupation _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Family History

Describe your family's traditions and cultural heritage. _____

Describe the values that are most important to you as a family. _____

Describe some of the qualities you especially appreciate about your child. _____

Do you have any special concerns about your child? _____

Developmental History

Does your child have any difficulties speaking? _____

If yes, please explain _____

Does your child have any difficulties in physical development? _____

If yes, please explain _____

Does your child have any special medical history? (premature birth, surgeries, developmental delays)

Does your child have allergies? Reactions? _____

Does your child nap? _____ Usual time for napping _____ For how long? _____

Is your child fully (#1 and #2) toilet trained? _____ If yes, since when? _____

Social and Emotional Behavior/Experience/Routines

Has your child had prior school experience? If yes, please describe any special likes or dislikes she/he had about school. _____

With what age group does your child usually play? _____

What kind of activities does your child especially like to do at home? _____

What is your child's favorite book/character? _____

Do you think your child is right or left-handed? _____

What makes your child happy? _____

How does your child react to frustration? _____

How does your child demonstrate anger? _____

How do you discipline at home? _____

Does your child have any unusual or strong fears? _____

How would you describe your child's energy level? _____

What time does she/he go to bed? _____

What is your child's favorite color? _____

Cognitive Development

Does your child recognize basic colors? (yes/not yet) _____

Does your child have awareness from letters A-Z? (yes/not yet) _____

Does your child count? (yes/not yet) _____

Does your child recognize basic shapes? (yes/not yet) _____

Is your child familiar with holding crayons? (yes/not yet) _____

Is your child familiar with cutting with scissors? (yes/not yet) _____

Goals and Outcomes:

What do you hope will be the major outcomes of your child's school experience this year? _____

How do you want to participate in your child's Pre-School experience? (classroom, talent to share, field trips, celebrations, preparation of materials, other)

Is there anything else you think we should know about you or your child? _____

Additional Comments: