



Family Name: \_\_\_\_\_

**IHM Preschool Parent Questionnaire**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nickname: \_\_\_\_\_

Has your child had any previous preschool experience?      Yes      No

If yes, where? \_\_\_\_\_

Does your child play actively or quietly? \_\_\_\_\_

With whom does your child usually play? (Check one)

Alone

Younger children

Older Children

Would you say that your child is generally a leader or a follower? \_\_\_\_\_

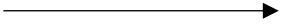
Is your child right or left-handed? \_\_\_\_\_

Has your child had any experience with crayons?      Yes      No      Scissors?      Yes      No

Is your child able to remember songs and rhymes      Yes      No

Does your child separate easily from you?      Yes      No

Is your child able to sit still and listen to a story for 5-10 minutes?      Yes      No

SEE REVERSE (p.2) 

Please put a check next to the characteristics that apply to your child:

Cries easily		Frequent temper tantrums		Sensitive	
Anxious		Fear of new things		Whines	
Easily angered		Shares easily		Sucks thumb	
Jealous		Responds well to praise		Nervous	
Happy		Sleeping problems		Confident	

Child's Siblings (this will help us spell names on art work): \_\_\_\_\_

\_\_\_\_\_

Family pets: \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

\_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Does your child have any allergies we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

Is there anything from home that may affect your child at school (i.e. difficulty getting to sleep or waking up in the morning, difficulty getting going in the morning, etc.) \_\_\_\_\_

\_\_\_\_\_

Is there anything else you feel we should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THANK YOU!