

**ABIDING BRANCHES CO-OPERATIVE PRESCHOOL
QUESTIONNAIRE**

CHILD'S NAME _____

SCHOOL

What are your expectations of preschool?

What are your child's feelings about coming to preschool?

Does your child feel comfortable around a group of children? _____ around adults? _____

Does your child have any special needs that the preschool staff should be aware of? _____
If yes, please explain _____

FAMILY *Who are some of the people that are important in your child's life?*

Household members (please include children's ages)

Others (please indicate relationship to child)

Does your family have any pets? _____ What kind? _____ Please name them _____

Have there been any recent changes in your child's life that you would like the preschool staff to be aware of? _____
If yes, please explain _____

MEDICAL HISTORY

Does your child have any health concerns that you think the preschool should be aware of? _____

If yes, please explain _____

Is your child allergic to anything? Please list _____

Has your child completed his/her preschool screening? _____ If so, when? _____

Does your child currently receive any special education or speech and language training? _____

If yes, when are his/her classes? _____

BEHAVIOR

Do you have any concerns or suggestions about your child that would be helpful for the teachers?

