

**ABIDING BRANCHES COOPERATIVE 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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

