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NEW STUDENT QUESTIONNAIRE

Dear New RSMA Family,

Please take a few moments to answer the questions below. This information will help us get to know your child better. If you need more space, please use the back of this form or attach an additional piece of paper. Thank you!

Today's Date _____

Child's Name _____ **Date of Birth** _____ / _____ / _____ **Current Age** _____
(as you want him/her to be called) MM DD YYYY

1. Please list the names and ages of your child's brothers and sisters, if any _____

2. Has your child previously attended preschool or any play-groups? If so, please provide the name of the program and years attended _____

3. Does your child have any special interest(s)? _____

4. Is your child afraid of anything? If so, please explain _____

5. What habits does your child show when scared, worried, shy or sick? (i.e. thumb sucking, crying, clinging, quiet, etc.) _____

6. List the ways your child likes to be comforted _____

7. Does your child display any sensitivity in the following areas? Auditory, touch, light, etc. _____

8. List your child's pets, special friends or relatives, and imaginary friends _____

9. What responsibilities does your child have at home? _____

10. Any particular emotional or physical difficulties with your child during:

Infancy Toddlerhood Preschool School-Age

(Please identify) _____

Was your child pre-term? _____ Any pregnancy or delivery issues? _____

If so, how early? _____

Weaned from breast/bottle/pacifier? _____ Age weaned _____

11. Any medical needs or medicine that we need to know about school? (RSMA Authorization Form to administer any medication must be completed) _____

12. What form of guidance and discipline do you use at home? (Please check all that apply)

<input type="checkbox"/> Rewarding	<input type="checkbox"/> Praising	<input type="checkbox"/> Offering choices
<input type="checkbox"/> Ignoring	<input type="checkbox"/> Reasoning	<input type="checkbox"/> Comparing unfavorably to others
<input type="checkbox"/> Spanking	<input type="checkbox"/> Isolating	<input type="checkbox"/> Threatening
<input type="checkbox"/> Demonstrating	<input type="checkbox"/> Scolding	<input type="checkbox"/> Depriving of pleasures
<input type="checkbox"/> Coaxing	<input type="checkbox"/> Diverting	<input type="checkbox"/> Preparing child in advance
<input type="checkbox"/> Speaking firmly	<input type="checkbox"/> Bribing	<input type="checkbox"/> Other _____

13. What are the eating habits of your child? (i.e. amounts, time, likes, dislikes, etc.) _____

14. What religious customs or holidays are observed by your family that needs to be known by the teacher? _____

15. How would you generally describe your child? _____

16. What are your expectations for this program? What specific things would you like to see happen this school year? _____

17. Is there anything else you would like to tell us? _____

We look forward to getting to know you and your child. Thank you for sharing!