



Parent Questionnaire

Child's Name _____

Parent's Name(s) _____

Sibling(s) Name(s) _____

1. What goal(s) do you have for your child this school year?

2. What are some of your child's favorite things (favorite book, song, toy, television show, etc)?

3. What are 3 of your favorite things about your child?

1.

2.

3.

4. Is your child completely toilet trained? YES NO If no, please explain.

5. Please list any fears your child may have (bugs, loud noises, etc.).

6. Please list any concerns you have regarding your child (developmental, social, emotional, medical, etc.).

7. Is there anything special you would like me to know about your child?