



## Parent Questionnaire

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

Parent's Name(s) \_\_\_\_\_

Sibling(s) Name(s) \_\_\_\_\_

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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. Please list dietary needs/preferences (gluten free, dairy free, vegan, vegetarian, etc.).

8. Please list any important traditions or holidays that your family celebrates and would like to share with the class.

9. Please list holidays or celebrations that you do not want your child to participate in.

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