

St. Ann School – Kaneohe, Hawaii
Early Learning Center Parent Questionnaire

Note to Parents: Your responses to this questionnaire will help us to learn more about your child. Please complete each item and return it with your completed application form. There are no “right” or “wrong” answers. Please feel free to attach an additional sheet of paper if you wish.

Child’s Name: _____ Date of Birth: _____

Name & Relationship of Person Completing Questionnaire: _____

Phone Number: _____ Email: _____

Additional information for young children who may not have a school “track record” helps us learn more about the applicant. Please complete the following survey to familiarize us with your child’s individual needs.

Personal Information:

1. Has your child attended any kinds of pre-kindergarten, nursery school, or preschool? Yes No

If yes, please provide the following information:

Name of School: _____

School Address: _____

Telephone: _____ Teacher’s Name: _____

Dates Attended: _____ / _____ / _____ to _____ / _____ / _____
mm dd yyyy mm dd yyyy

2. When was the last time you moved? _____

3. How often have you moved in the last 3 years? _____

4. Have any of the following occurred?

Parents separated or divorced Yes No

A death or major loss Yes No

Other major events that may have upset the child (please specify): _____

5. Does your child speak more than one language? Yes No

If yes, which one? _____

6. Does your child speak clearly? Yes No

If no, please describe: _____

Health Information

1. Are there any health concern? Please be specific.

Health Concern	Yes	No	Comments
Allergies			
Asthma			
Vision			
Ear Problems			
Learning Disabilities			
Physical Handicap			
Anxieties			
Sleeping			
Hyperactivity			
Recent Accidents			
Surgeries			

2. Has your child received any special needs services from a professional for any of the above areas (e.g. Occupational Therapist, Physical Therapist, Speech/Hearing Therapist, Counselor, etc.)? _____

3. Can you child go to the bathroom independently: Yes No

4. Does your child have toilet accidents frequently? Yes No

Behavior

1. Can your child sit and listen to an entire story? Yes No

2. Does your child have temper tantrums? Yes No

3. Is your child aggressive? Yes No

4. Does your child cry easily? Yes No

5. My child plays mostly with ... (check no more than 2);

Blocks Dolls Cars Coloring Books Tools

Books Puzzles Crayons/Pencils Other: _____

6. What is your child able to do academically? (Circle all that apply)

Count up to _____

Recite the Alphabet

Write Name

Recognize letters: Few Some Most All

Know some sound of letters

Other: _____

7. What are your child's strengths? _____

8. What are your child's challenge areas? _____

9. Please describe how your child reacts to separation from you. _____

10. Please describe how your child reacts to new people and new situations. _____

11. Please describe what situations produce anxiety, disappointment or frustration for your child. _____

12. Please describe the rules or limits you set for your child at home, and the strategies you use to enforce those rules or limits. _____

13. Please describe how your child plays or interacts with other children. _____

14. Please describe why you think your child is ready to attend St. Ann Early Learning Center. _____

15. Please describe how your child feels about coming to school. _____

16. Are you concerned about your child for any reason? _____

17. What other information would you like to share about your child? _____
