



Beginning of the Year Parent Questionnaire

Student Name: _____

Date Completed: _____

Parent/Guardian Name(s): _____

Relationship to Student: _____



Communication

1. **How does your child communicate?**

- ☐ Verbal
- ☐ PECS
- ☐ Sign Language
- ☐ AAC Device (Name: _____)
- ☐ Gestures/Pointing
- ☐ Other: _____

2. **Can your child express wants and needs independently?**

- ☐ Yes
- ☐ Sometimes
- ☐ No

3. **What are some common phrases or words your child uses?**



Sensory & Regulation

4. **Does your child have sensory sensitivities or preferences?**

- ☐ Noise
- ☐ Light
- ☐ Texture
- ☐ Movement
- ☐ Smell
- ☐ Touch (Avoids or Seeks?)
- Other: _____

5. **Preferred sensory tools or calming strategies:**

6. **Any known triggers or things that upset your child?**



Routines & Behavior

7. Is your child toilet trained?

- ☐ Fully
- ☐ With prompts
- ☐ Not yet

8. Describe your child's morning routine or any helpful prep strategies for transitions:

9. How does your child respond to redirection or correction?

10. What strategies work best at home when your child is upset or overwhelmed?

Strengths, Interests, & Motivation

11. What are your child's favorite activities or toys?

12. What motivates your child? (snacks, praise, toys, etc.)

13. What are your child's biggest strengths?

14. What are some areas you would like to see your child grow in this year?

Communication Preferences

15. Preferred method of communication with the teacher:

- ☐ Phone Call
- ☐ Text
- ☐ Email
- ☐ Written Notes

16. Email: _____



17. Phone Number: _____

Medical & Safety

18. Does your child have any allergies?

☐ No ☐ Yes → Please list: _____

19. Does your child take any medication?

☐ No ☐ Yes → Name & Time(s): _____

20. Any medical conditions or concerns we should know about?

21. What is your child's dismissal plan?

☐ Walker

☐ Walk-Up / Pick-Up

☐ Car Rider

☐ Bus Rider (Bus #: _____)

☐ Other: _____