YELLOWACORN
MONTESSORI

PARENT QUESTIONNAIRE

Dear Parents, please fill out this questionnaire to help us provide your child with a smooth transition and a successful preschool experience. Thank you!

Child's Name: _____

Date of Birth: _____

PHYSICAL DEVELOPMENT: Please check under the word that best describes your child's ability in the following areas:

	Good	Average	Needs Work	Not Applicable
Uses Scissors				
Uses Crayons				
Uses Pencils				
Climbs				
Walks				
Runs				
Hops on one foot				
Jumps				

Please check under the word that best describes your child's communication:

	Good	Average	Needs Help	Not Applicable
Uses words to express self				
Speaks clearly				

Vocabulary is age-appropriate				
Understands directions				

In what language(s) does your child communicate comfortably?

BEHAVIORAL/EMOTIONAL DEVELOPMENT:

Does your child have any special habits (thumb-sucking, nail-biting)? If yes, please explain.

Does your child have any particular fears?

Can your child occupy herself/himself, and for how long?

Does your child become frustrated easily? If yes, please explain.

How does your child express frustration?

What makes your child angry, and how does she/he express anger?

What method of discipline do you use with your child? How does she/he respond to it?

How does your child react to new situations?

How does your child react when you leave her/him?

Please list your child's favorite activities:

What descriptive words do you use to generally describe your child?

How do you and your family spend time together?

Please describe any physical, emotional, behavioral, or learning issues your child may have that you think we should know about so that we can support her or him throughout the year:

SLEEPING HABITS:

My child usually naps _____ times/day from: _____ to _____

My child sleeps at night from _____ p.m. to _____ a.m.

Does your child have any sleep disturbances?

Does your child sleep with any special object?

Does your child sleep in her/his crib at night? Yes _____ No _____ If No, please explain.

EATING HABITS:

Does your child have a good appetite?

What foods does your child like?

What foods does your child dislike?

Does your child feed her/himself?

Any eating problems we should know about?

TOILETING:

Is your child fully trained?

Does your child ask to go to the bathroom?

Does your child need help going to the bathroom?

If toilet training is in process, please describe routines/methods you use:

SELF HELP SKILLS:

Does your child: ____ dress ____ undress ____ button ____ zipper ____ tie shoes

What responsibilities does your child have around the house?

Does your child accept responsibilities willingly (putting away toys after play, completing household chores, homework, etc)? If no, please elaborate:

SPECIAL CONSIDERATIONS:

Does your child have any allergies (including food allergies) that we should be aware of?

____Yes, please explain_____

____No

Has your child ever been diagnosed with Asthma or used a nebulizer?

____Yes, please explain_____

____No

Does your child have any other medical conditions we should be aware of?

____Yes, please explain_____

____No

Is your child currently taking medications?

____Yes, please explain_____

____No

Does your child currently receive, or have they received in the past, any support services such as Speech Therapy, Occupational Therapy, or Physical Therapy.

____Yes, please explain_____

____No

PARENTS' EXPECTATIONS:

What are your goals and expectations for your child at Yellow Acorn Montessori?

Do you have any special concerns or questions to which you would like to draw our attention?

How would you like to participate in our program?

____ share a special skill/interest:_____

____assist with classroom activities:_____

____be a class parent:_____

____join us for special events:_____

____ other: _____

_____ _____

Signature of Parent or legal guardian Date