

**Pre-Three New Student Questionnaire**

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Please fill out both pages)

**Please tell us about any significant early events:**

During Pregnancy: \_\_\_\_\_

Was your child born prematurely or adopted? At what age? \_\_\_\_\_

Early Illnesses: \_\_\_\_\_

Traumatic experiences: \_\_\_\_\_

**Health:**

Walked at: \_\_\_\_\_ 1<sup>st</sup> words at: \_\_\_\_\_

Eating habits: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child have any health or behavioral characteristics or concerns about which you feel we should be aware? \_\_\_\_\_

During the year we will occasionally have group food tasting and food preparation activities. Has your child tasted:

Peanut butter	Yes	No	Coconut	Yes	No
Strawberries	Yes	No	Mango	Yes	No
Pineapple	Yes	No	Citrus fruits	Yes	No

Any dietary restrictions or concerns of which we should be aware? \_\_\_\_\_

On average, how many hours of sleep does your child get each night? \_\_\_\_\_

Does your child nap? \_\_\_\_\_

If yes, on average how long do his/her naps generally last? \_\_\_\_\_

**Relationships**

Does your child have regular opportunities to play with other children? \_\_\_\_\_ If so, what are their ages? \_\_\_\_\_

How does s/he relate to them? \_\_\_\_\_

How does s/he relate to siblings? \_\_\_\_\_

Does your child spend a significant amount of time with adults? Where? \_\_\_\_\_

What kind of exposure has s/he had to large groups? \_\_\_\_\_

Child's response to large groups / group activities \_\_\_\_\_

**General**

What activities does your child enjoy most? \_\_\_\_\_

What is done at home to encourage his/her independence? \_\_\_\_\_

What aspects of your child's abilities are you most interested in seeing school help develop?

Are there any situations that your child finds especially challenging? (I.e. transitions from one activity to the next, separating from parents, etc.) \_\_\_\_\_

Time per day or per week (please specify which) spent watching television/videos \_\_\_\_\_

Time per day or per week (please specify which) spent playing computer or video games \_\_\_\_\_

Please describe where your child is in the process of learning to use the toilet:

Person filling out this form: \_\_\_\_\_

Thank you for providing us with this valuable information about your child! It will help us get to know him or her more quickly.