



## Pre-K and K Parent Questionnaire

To help us get acquainted and best meet your child's needs, please complete the following questions and include any additional information you would like to share.

Name of Child \_\_\_\_\_ Name and Age of Other Children in Family \_\_\_\_\_

Preferred Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Religious Denomination \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

1. What are the first three words that come to mind when describing your child?

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2. Usually my child plays with (brother, sister, friends, independently):

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3. This coming year, my hopes and dreams for my child are to learn (academics, values, attitudes, etc.):

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4. What particular strengths, interests, and/or challenges does your child exhibit at this time?

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5. Did your child attend school before All Saints? \_\_\_\_\_

If yes, where? How long? \_\_\_\_\_

6. What changes (health, maturity, interests, familial events) have occurred in your child's life recently?

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7. What special need (transitions, academic, social, personal, language) does your child have?

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8. Is your child able to independently use the bathroom? \_\_\_\_\_

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9. Has your child been evaluated for any concerns regarding learning? (i.e. medical diagnosis, learning disabilities, vision or hearing concerns, speech and language, social/emotional development, etc.)

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10. Has your child been found eligible for Special Education services? If yes, what services? \_\_\_\_\_

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11. Does your child have any allergies or need medication? \_\_\_\_\_

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12. Does your child have any sensory concerns, or have you noticed any significant sensitivities your child may have? \_\_\_\_\_

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13. I would also like my child's teachers to know:

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