

2020 / 2021



ELEMENTARY PARENT QUESTIONNAIRE

Puddletown School

Your responses on 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 to the questions. Please add longer responses to a separate piece of paper.

Child's Name: _____ Date of Birth: _____

What languages are spoken in the home? _____

PLEASE TELL US ABOUT YOUR CHILD:

1 What does a typical weekday look like in your family? Weekend?

2 What responsibilities does your child have at home (i.e. putting things away, setting table, etc.)?

3 What are two things that your child likes to do best?

4 What are two things your child does not like to do?

5 What do you enjoy most about your child? What makes them special?

6 What is your favorite thing to do with your child?

7 Tell us about your child's eating, sleeping, and care of self?

8 What is your child's level of independence with eating, food preparation, and sleep? Does your child dress themselves?

9 Please tell us about your approach to discipline.

10 Does your child have have older or younger siblings?

11 Does your child have media time? How much and what type?

12 Describe your child's interactions playing and collaborating with other children:

13 Describe your child's interactions with your friends/relatives who come to visit.

MEDICAL HISTORY:

1 Were there any significant problems during pregnancy or directly following birth that might have an effect on your child's development (e.g. Premature birth, low birth weight, etc.)?

2 Have you ever suspected that your child has vision problems? Yes No

If yes, please explain: _____

3 Have you ever suspected that your child has hearing problems? Yes No

If yes, please explain: _____

4 Has your child ever had trouble walking, climbing, reaching, holding on to things? Yes No

If yes, please explain: _____

5 Does your child have food allergies? Yes No

If yes, please describe: _____

6 Is your child presently on any medications? Yes No

If yes, please describe: _____

ACADEMIC HISTORY:

1 Describe your child's academic skills and interests (e.g. reading, writing, math, fine and gross motor skills):

2 How does your child handle following simple, age-appropriate directions?

3 Is your child easily understood by others? Do you have any concerns about your child's speech patterns?

4 Is your child able to easily express their thoughts and needs? How does your child do when expressing these needs outside your family?

5 Does your child recall and retell stories and events?

6 Does your child draw?

7 Do you read to your child? How often and what kinds of books does your child enjoy?

8 What type of books is your child reading? Do they seem age appropriate?

9 Is your child doing age appropriate math?

Is there any other information regarding your child’s development that you would like to share with us?

Signature of Parent/Guardian: _____ Date: _____