



PRESCHOOL FAMILY 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: _____ Pronouns _____ Date of Birth: _____

What languages are spoken in the home? _____

PLEASE TELL US ABOUT YOUR CHILD:

1 Describe a typical weekday for your child:

2 Describe a typical weekend for your child:

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 is your favorite thing to do with your child?

6 What are three words you feel best describe your child?

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

TELL US ABOUT YOUR CHILD'S DAY:

1 What is your child's normal nap time? _____ bedtime? _____

How long does your child normally sleep? _____

Where does your child usually fall asleep? (e.g., in their bed, in your bed, in your arms, on the sofa, etc.)

2 What time does your child normally wake up in the morning? _____

3 How does your child respond to accidents? (e.g., something breaking, an unexpected event, etc.)

4 What does your child normally eat for breakfast?

5 What does your child like to eat most?

6 Are there any foods that your child will not eat?

7 Does your child feed themselves using a spoon and/or fork?

8 Does your child dress themselves?

9 What are your child's responsibilities at home? (e.g., putting things away, setting the table, etc.)

10 Does your child use the toilet independently? If not, please tell us where they are in this process.

11 Please tell us about your approach to discipline? (e.g., time-outs, spanking, redirecting, etc.)

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, environmental or other allergies? Yes No

If yes, please describe: _____

6 Is your child presently on any medications? Yes No

If yes, please describe: _____

DOES YOUR CHILD:

Have older or younger siblings? _____

Speak so that they can be understood by others? Yes No _____

Express their thoughts and needs easily? Yes No _____

Use crayons and/or markers to scribble or draw? Yes No _____

Listen to stories being read? Yes No _____

Recall and retell stories or events? Yes No _____

Have media time? How much and what type? _____

Talk with your friends/relatives who come to visit? Yes No _____

Follow simple, age-appropriate directions? Yes No _____

Have opportunity to play with other children? Yes No _____

What would you like us to know about your family, its identity, your values, your heritage, your religious beliefs and practices, cultural practices, etc. to help us best welcome and support your child? If you feel comfortable, please let us know if your family has any identity intersections you would like us to better understand in order to better meet and support your family and your child's identity development, e.g., "we are a family with Black and LGBTQ family members and it is important for us to see our child supported in this way. . .", or "we are a white family with a non-binary member and it is important for us to see our child supported in this way. . .", or "we are a mixed-race family with a neurodiverse family member and it is important for us to see our child supported in this way. . ."

What would you like us to share about your family with the community, if anything (e.g., "Please feel free to share with my child's classroom families that there is a family within the classroom who celebrates Hanukkah and the classroom may explore this Jewish holiday when the time comes.")

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

Signature of Parent or Guardian _____ *Date* _____