

# PERSONAL STUDENT QUESTIONNAIRE

The information on this form is for the use of the teacher(s) to better understand your child so that the preschool experience will be meaningful in meeting his/her needs. Please answer all questions as completely as possible. This form will remain confidential.

1. Child's Name \_\_\_\_\_ Class \_\_\_\_\_
2. Name child should be called, learn to recognize, write at school \_\_\_\_\_

## Family Background

3. List all persons living in your home, the relationship to your child, and the ages of all children:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does anyone else care for your child on a regular basis? \_\_\_\_\_

If yes, please list and describe situation \_\_\_\_\_

4. Father's Occupation \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_  
Father's place of employment \_\_\_\_\_  
Mother's Occupation \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_  
Mother's place of employment \_\_\_\_\_

5. Do any family members have hobbies, skill, talents, interests, occupations (past or present) which would enrich the classroom program? If so, list:

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6. What is the primary language used in your home? \_\_\_\_\_  
Does your child hear or speak any other language on a regular basis? \_\_\_\_\_  
If yes, please list: \_\_\_\_\_

7. Is there extended family in the Phoenix area that your child sees often? \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_

8. Is there any situation in the home which would help us in understanding and working with your child more effectively (divorce, recent baby, new step – parent, etc.) \_\_\_\_\_  
\_\_\_\_\_

9. Is either parent gone from home for extended periods of time? \_\_\_\_\_  
If yes, does it usually affect the behavior of your child, please describe: \_\_\_\_\_  
\_\_\_\_\_

10. What types of activities does your family enjoy participating in together?  
\_\_\_\_\_

11. Does your child have any special responsibilities at home to help the family (feed pets, make the bed, etc.)? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

12. Are there any pets in the home? \_\_\_\_\_ Describe: \_\_\_\_\_

14. Does the child/family attend a church? \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

15. In what special capacity, if any, would parent(s) like to become involved in the preschool (volunteering in classroom, etc.) \_\_\_\_\_

16. How would you best like to communicate with your child's teacher?  
Phone \_\_\_ Notes \_\_\_ Conferences Fall/Spring \_\_\_ E-Mail \_\_\_

17. Has your child had previous opportunities for social interaction with children his/her age? \_\_\_\_\_ If yes, please list (include previous school experiences, child co-ops, etc.) \_\_\_\_\_  
\_\_\_\_\_

18. Does your child participate in any other classes/activities (Sunday school, dance, gymnastics, sports, etc.)? \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_

19. What are some of your child's favorite activities and special interests?

\_\_\_\_\_

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20. Does your child have any special fears? \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_

21. What means of discipline do you find most effective in dealing with your child?

\_\_\_\_\_

What is your child's usual reaction? \_\_\_\_\_

### Physical Development

22. Was your child born prematurely? If yes, explain any developmental effects:

\_\_\_\_\_  
\_\_\_\_\_

23. Does your child have any special medical, physical, or psychological needs? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

24. Has your child ever had any of the following evaluations: physical therapy, occupational therapy, speech/language, psychological, or other screening? \_\_\_\_\_ If yes, please list and describe:

\_\_\_\_\_  
\_\_\_\_\_

25. Has your child ever received or been recommended to receive special educational services? \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

26. Does your child exhibit a preference for his/her right \_\_\_\_ or left \_\_\_\_ hand?

27. Has your child ever been seriously ill and/or had surgery? \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_

