New Student/Parent Questionnaire

Dear Parent/Guardian:

This questionnaire is designed to help us understand your child as much as possible in order to facilitate his/her successful entry into school. Please feel free to add any additional information about your child that you think may be helpful toward this goal. Please respond to only those questions with which you feel comfortable. All information will be held confidential.

Today's Date _____

School of Entry _____

Child's Full Name _____
First Middle Last

Date of Birth _____ Place of Birth _____

Family:

Person completing this form ☐ Parent/Guardian1 ☐ Parent/Guardian2 ☐ Other _____

Address _____ Phone No. _____

Parent/Guardian 1's Name _____ Date of Birth _____

Place of Birth _____ Occupation _____

Parent/Guardian 2's Name _____ Date of Birth _____

Place of Birth _____ Occupation _____

Status of Parents/Guardians (i.e., married, divorced, etc.) _____

Who has legal custody? _____

If parents are separated, what is the schedule for visitation with the other parent?

_____

_____

Children: Please list your children below in the order that they were born, beginning with the oldest. Include the child you are bringing in his/her proper order in the listing.

Name	Sex	Birth Date	School	Grade	Adopted/date
1.					
2.					
3.					
4.					
5.					
6.					

Are there any children at home with special issues (i.e., medical, emotional, disciplinary, or related to school achievement)? If so, please list child and explain:

Does anyone else live in your home? If so, who and for how long? _____

Child's prior experience in Day Care programs and/or nursery schools:

Place	From (Date)	Until (Date)

Language, other than English, which is spoken to the child is: _____

☐ Most of the time ☐ Frequently ☐ Occasionally

Which member(s) of the family converse with the child in this language? _____

Your child's special interests and activities are:_____

_____

_____

_____

_____

Special home considerations that might interfere with your child's school functioning include:

_____

_____

_____

_____

Please describe your child's social skills (ability to make friends, get along with others, etc).

_____

_____

_____

What do you believe is your child's best academic subject? _____

What do you believe is your child's least favorite subject? _____

Please describe your child's favorite free-time activities (read, watch TV, play outdoors, etc.)

_____

_____

Please describe any issues for your child that would interfere with his/her success at school (academic, social, emotional, physical, home, etc.) _____

_____

_____

_____

_____

List moves within the past five years: _____

_____

_____

_____

_____

Please check any of the following which are problems with this child:

- ☐ Running Away
- ☐ Bedwetting
- ☐ Temper Tantrums
- ☐ Nail Biting
- ☐ Nightmares
- ☐ Resentment
- ☐ A "Loner"
- ☐ Over Activity
- ☐ Self-Critical
- ☐ General Anxiety
- ☐ Headaches
- ☐ Stomach Aches
- ☐ Fears/Phobias
- ☐ Over Dependency
- ☐ Over Sensitivity
- ☐ Destructiveness
- ☐ Depression

Add any information or comments you would like to this form regarding any of the above mentioned conditions. Use back of paper if necessary: _____

_____

_____

_____

_____

_____

_____

Sleep/Bedtime Habits:

Falls asleep in reasonable time ☐ Yes ☐ No If not, please explain: _____

_____

Wakes during night ☐ Yes ☐ No Sleepwalks ☐ Yes ☐ No Talks in Sleep ☐ Yes ☐ No

Miscellaneous:

Does your child:

- Watch more than 3 hours of TV daily? ☐ Yes ☐ No
- Turn on the TV at a very high volume? ☐ Yes ☐ No
- Say "what, what" all the time? ☐ Yes ☐ No
- Sit very close to the TV screen? ☐ Yes ☐ No

Extended Family History (cousins, uncles, aunts, parents, etc.):

Do any family members have the following, and if so, please explain briefly:

☐ Long term illnesses or birth defects _____

☐ Muscular difficulties _____

☐ Seizure disorders _____

☐ Vision loss _____

☐ Hearing loss _____

☐ Alcohol disorders _____

☐ Nervous disorders _____

☐ Learning Difficulties _____

☐ Reading Problems _____

☐ Math Problems _____

☐ Speech problems (deficits)_____

☐ Retention _____

Has your child been evaluated elsewhere? ☐Yes ☐No

If so, why and where? _____

_____

_____

May we contact them? ☐Yes ☐No

If there is anything further you wish to mention about your child, please feel free to comment:

_____

_____

_____

_____

_____

_____