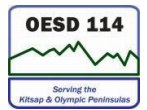




# Preschool Center Family Questionnaire

This questionnaire should be completed with the family



Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

Classroom/Site: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

What do you enjoy most about your child?

What are you most proud of about your child?

Where is your child's favorite place to play?

What is your child's likes and preferences (*foods, toys, and people*)?

What is your child like at home? Mood? Behavior?

What does a good day look like with your child? What is the hardest part of the day?

What activities do you most like to share with your child?

How do you see your child compared to other children?

Does your child have any fears or worries we should be aware of?

What does your child do when upset and how are they best comforted?

Tell me about your views on discipline. How do you teach your child about getting along with others or learning new behaviors?

Tell me about your child's sleeping patterns. When does he/she sleep? Time of day and for how long? Do you have a special sleeping routine (i.e. singing songs, reading books)? Does your child have a favorite item they use for comfort? *(Full day classrooms only)*

How would you like me to communicate with you about your child's day? *(Email, phone, before or after class)*