



**CHILD QUESTIONNAIRE: Child's Class**

Dear Parents,

In order to help us get to know your child better, we are hoping you will take a few minutes to fill out this questionnaire for us.

Child's Full name \_\_\_\_\_

Name for classroom labels \_\_\_\_\_

Guardian(s) Name(s) \_\_\_\_\_

Guardian's email addresses \_\_\_\_\_

How often do you check your email? \_\_\_\_\_

Siblings and ages:

Pets (type and names)

Who lives in your home? Is there anyone outside of the immediate family that lives in your home (i.e. grandparents, nanny, etc.)? Explain.

Is there any other language spoken in your home other than English? \_\_\_\_\_

Does your child have any fears?

Where is your child in his/her potty training or use of bathroom and hand washing?

Any services or therapy your child receives (i.e. speech therapy)?

Please share 5 words or phrases that best describe your child.

What are your expectations for your child during this school year?

Other information you would like to share.

***Please inform us if your child has any allergies or allergic reactions.***

All health related concerns should be shared with the office and your child's teachers. If there are any health issues that require medication, you MUST inform the Director, and obtain a medication administration form that must be filled out and kept on file. This is required by the State of Maryland for your child's safety.

**Please return 2 Family and 2 Individual photos of your child with this survey for child's folder, family bulletin board, and your child's classroom teacher.**

**Thank you for sharing!**