



## Early Childhood Parent Questionnaire

This questionnaire serves as an important supplement to your child's application. Please complete the questionnaire and return it to the Admissions Office.

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Current grade: \_\_\_\_\_

What are 3 words that best describe your child?

\_\_\_\_\_

Please describe your child's greatest strength (social, emotional, or academic).

\_\_\_\_\_

\_\_\_\_\_

### Activities and Interests

Please indicate activities your child participates in:

Activity	Start / End Date	Frequency

What subject or activity is your child particularly curious or passionate about?

\_\_\_\_\_

\_\_\_\_\_

How long does it take your child to feel comfortable in a new surrounding? What helps with this process?

\_\_\_\_\_

\_\_\_\_\_

**Language Development**

What was the first language your child spoke? \_\_\_\_\_

Currently, what is your child's primary language? \_\_\_\_\_

Does your child speak any other languages?  Yes  No Languages: \_\_\_\_\_

**Evaluations**

Has your child been evaluated by or received services from any of the following:

	<b>Evaluated (Date)</b>	<b>Recommendations</b>	<b>Currently Receiving Services</b>	<b>Not Receiving Services</b>
Speech Language Therapist				
Psychologist / Psychiatrist / Emotional Therapist				
Occupational Therapist				
Vision & Hearing Exam				
Physical Therapist				
Other:				

If available, please submit copies of evaluations.

What additional information you would like to share about your child?

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

\_\_\_\_\_  
Signature of individual(s) completing this questionnaire

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Date