

# Early Childhood Development Center Kaleidoscope

## 2023-2024 Parent Questionnaire

### **Family Information**

Child's Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Male/Female \_\_\_\_\_

Language spoken at home \_\_\_\_\_

**Parent 1 Full Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent 2 Full Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

### **Tell us about**

Your family's traditions and cultural heritage. \_\_\_\_\_

\_\_\_\_\_

The values that are most important to you as a family. \_\_\_\_\_

\_\_\_\_\_

Some of the qualities you especially appreciate about your child. \_\_\_\_\_

\_\_\_\_\_

Concerns about your child? \_\_\_\_\_

\_\_\_\_\_

## **Developmental History**

Does your child have any difficulties speaking? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child have any difficulties in physical development? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child have any special medical history? (premature birth, surgeries, developmental delays)

\_\_\_\_\_

Does your child have allergies? Reactions? \_\_\_\_\_

\_\_\_\_\_

Does your child nap? \_\_\_\_\_ Usual time for napping \_\_\_\_\_ For how long? \_\_\_\_\_

Is your child fully (#1 and #2) toilet trained? \_\_\_\_\_ If yes, since when? \_\_\_\_\_

## **Social and Emotional Behavior/Experience/Routines**

Has your child had prior school experience? If yes, please describe any special likes or dislikes she/he had about school. \_\_\_\_\_

\_\_\_\_\_

With what age group does your child usually play? \_\_\_\_\_

What kind of activities does your child especially like to do at home? \_\_\_\_\_

\_\_\_\_\_

What is your child's favorite book/character? \_\_\_\_\_

What makes your child happy? \_\_\_\_\_

How does your child react to frustration? \_\_\_\_\_

\_\_\_\_\_

How does your child demonstrate anger? \_\_\_\_\_

How do you discipline at home? \_\_\_\_\_

\_\_\_\_\_

Does your child have any unusual or strong fears? \_\_\_\_\_

**Cognitive Development**

Does your child recognize basic colors? (yes/not yet) \_\_\_\_\_

Does your child have awareness of letters A-Z? (yes/not yet) \_\_\_\_\_

Does your child count? (yes/not yet) \_\_\_\_\_

Does your child recognize basic shapes? (yes/not yet) \_\_\_\_\_

Is your child familiar with holding crayons? (yes/not yet) \_\_\_\_\_

Is your child familiar with cutting with scissors? (yes/not yet) \_\_\_\_\_

**Goals and Outcomes:**

What do you hope will be the outcomes of your child's school experience this year? \_\_\_\_\_

\_\_\_\_\_

How do you want to participate in your child's Preschool experience? (classroom, talent to share, celebrations, preparation of materials, other)

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you think we should know about you or your child? \_\_\_\_\_

\_\_\_\_\_