

Please bring this form with you to your orientation meeting!

Start of the School Year Family Questionnaire



The following questions are designed to help us better support your child's adjustment to preschool, their learning and development, and our partnership with you in the early childhood education process. Thank you for taking time to answer them!

Child's Name: _____ Parents' Names _____

1. How do you expect your child will adjust to the new school year? Do you expect some separation anxiety?
2. What can we do to ease that adjustment/anxiety?
3. Is there information about your child's social or emotional behavior that would help us guide your child's development?
4. Does your child require any assistance in the bathroom? (Please work with your child on bathroom independence, i.e. wiping and dressing self and hand washing - wet, soap, scrub out of water for 10 seconds, rinse, dry.)
5. Does your child have any dietary or eating/drinking concerns?
6. Is there information about your family values, structure and/or traditions that would help us better support you and your child?
7. Would you describe your child as (please circle all that apply)
Reserved Cooperative Excitable Active Independent Determined

Easy Going Friendly Cautious Quiet
8. What are your hopes and/or concerns for your child this year?