

Child's Name (Last, First, MI)



Preschool Questionnaire (36 MONTHS – 5 YEARS)

1. <i>Is your child completely potty-trained?</i>	Yes	No
2. <i>Does your child have any allergies or special needs? If so, please explain.</i>		
3. <i>Does your child get hot or cold easily?</i>		
4. <i>What motivates your child to put forth his/her best effort/cooperation?</i>		
5. <i>Does your child nap? If so, when and for how long?</i>		
6. <i>Does your child have a special blanket or other attachment item? If so, what is the item and what word does your child use for the item?</i>		
7. <i>What special ways do you comfort and soothe your child to fall asleep?</i>		
8. <i>What is your child's temperament (i.e. sensitive, energetic, outgoing, etc.)?</i>		
9. <i>What are your child's likes/dislikes?</i>		
10. <i>Is your child sensitive to sound? If so, what noises bother him/her?</i>		
11. <i>Does your child currently interact with other children his or her age outside of preschool? If so, how often and what age?</i>		
12. <i>What do you consider your child's strengths?</i>		

<p>13. <i>What challenges do you most often experience with your child and/or what educational goals do you feel need to be addressed at this time?</i></p>	
<p>14. <i>Other Comments or Concerns?</i> <i>(Please continue on back or separate sheet of paper if necessary)</i></p>	

(Continued – more information for previous questions):