

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

1. What time does your child wake up? \_\_\_\_\_ Go to bed? \_\_\_\_\_

2. Does your child nap or have quiet time?  Yes  No If so, for how long? \_\_\_\_\_

3. Does your child have any special medical or physical needs of which we should be made aware?  Yes  No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

4. Has your child received speech, vision, or occupational therapy?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

5. Has your child received psychotherapy or behavior modification?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

6. Has your child ever been hospitalized?  Yes  No If so, for how long? \_\_\_\_\_

7. Has your child ever been separated from you for a long period of time?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

8. Does your child experience separation anxiety?  Yes  No If yes, what approaches seem to ease his or her anxieties? \_\_\_\_\_  
\_\_\_\_\_

9. Has there been any dramatic change in your family structure?  Yes  No Please explain briefly. \_\_\_\_\_  
\_\_\_\_\_

10. Has your child attended a preschool or childcare program?  Yes  No If so, for how long? \_\_\_\_\_

11. What kind of activities interest your child most? \_\_\_\_\_  
\_\_\_\_\_

12. What specific one-on-one activities do you enjoy with your child? \_\_\_\_\_  
\_\_\_\_\_

**PARENT QUESTIONNAIRE (Continued)**

13. What kind of activities do you participate in as a whole family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. How does your child handle transitions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. What type of instruction or discipline is most effective with your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. How does your child handle disappointment and discipline? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What are you looking for in a program for your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. What would you like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_