

# Personal development

1. Does your child prefer using: Right hand \_\_\_ Left hand \_\_\_ Both right and left \_\_\_
2. Has your child had the opportunity to use scissors? \_\_\_\_\_  
\_\_\_\_\_
3. Can your child: tie his/her shoes? Yes \_\_\_ No \_\_\_ Button \_\_\_ Snap \_\_\_ Zip jacket \_\_\_
4. Can your child take care of toilet needs? \_\_\_\_\_
5. What activities does your child enjoy the most? \_\_\_\_\_
6. How often do you read to your child? \_\_\_\_\_
7. How many hours would you estimate your child watches television per day? \_\_\_\_\_
8. List any chores your child is responsible for \_\_\_\_\_
9. List your child's special friends or neighbors entering preschool at this school this year  
\_\_\_\_\_  
\_\_\_\_\_
10. On school nights, what time will your child be going to bed? \_\_\_\_\_
11. Does your child have a daily nap or rest time? \_\_\_\_\_
12. Is there a second language spoken at home? No \_\_\_ Yes \_\_\_ List \_\_\_\_\_
13. Does your child prefer to play alone or with other children? Alone \_\_\_ With others \_\_\_
14. Are there specific discipline methods that you find your child responds to particularly well?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please remember this is your child's school. You may visit or call anytime. You are encouraged to contact your child's teacher regarding anything you feel might affect your child's education. David Douglas School District (503) 252-2900.

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David Douglas School District

# Preschool questionnaire

Student's LAST name	Student's FIRST name	Student's FULL MIDDLE name
Student's name to be used in school	Father's full name	Mother's full name

Address \_\_\_\_\_ Phone \_\_\_\_\_

Sex  Boy  Girl Birthdate \_\_\_\_\_  
Month Day Year

Brothers and sisters living at home:

a.	Name	Age	Grade	Sex
b.	Name	Age	Grade	Sex
c.	Name	Age	Grade	Sex
d.	Name	Age	Grade	Sex

List names of persons other than parents living in the household:

a.	Name	Relationship
b.	Name	Relationship

Please let us know about shared custody situations so that we can be sensitive to your child; i.e., lives with mom, dad, etc.:

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

How will your child get to and from school on a daily basis?

Bus  Parent drop off / pick up  Walk with parent

Who will have permission to pick up \_\_\_\_\_

# Health history

1. List any known allergies: (food, bees, etc.) \_\_\_\_\_

2. List any serious illnesses, accidents or operations your child has had: \_\_\_\_\_

3. Has your child been examined by a specialist other than the family physician? (speech, eye, ear, nose, etc.) \_\_\_\_\_

Does your child wear glasses? Yes \_\_\_ No \_\_\_

4. Is your child on any special medication? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

5. Are there any restrictions for your child's physical activity at school? Yes \_\_\_ No \_\_\_

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

6. Does your child have any habits that would affect school performance (i.e., thumb sucking, nail biting, bed wetting, etc.)? \_\_\_\_\_

7. List any developmental complications at birth \_\_\_\_\_

8. Was the child premature? No \_\_\_ Yes \_\_\_ How early? \_\_\_\_\_

# General information

1. List any foods your child cannot have at school \_\_\_\_\_

2. What are your child's typical eating habits (i.e., picky, snacker)? \_\_\_\_\_

3. Does your child eat breakfast? Yes \_\_\_ No \_\_\_ Lunch? Yes \_\_\_ No \_\_\_

4. Do you celebrate birthdays in your home? \_\_\_\_\_

5. Is your child a leader or a follower? \_\_\_\_\_

6. What do you like best about your child? \_\_\_\_\_

7. What goals and expectations do you have for your child this year in preschool? \_\_\_\_\_

8. Most of the time your child's temperament is (i.e., relaxed, content, tense, high strung, nervous) \_\_\_\_\_

9. List any other information you think would aid the teacher in understanding your child (i.e., strengths, fears, concerns about preschool, family problems that could affect your child) \_\_\_\_\_

# Childcare history

1. Has your child had any group situations for childcare? Yes \_\_\_ No \_\_\_

2. If so, please tell about any other group situations your child has been in. (Sunday school, bible school, daycare, etc.) \_\_\_\_\_

