

# Parent Questionnaire for Preschool

Northwood-Kensett Children's Garden

Name of Child \_\_\_\_\_

Date of Birthdate \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Name of person filling out form \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Dear Parents,

Please fill out this questionnaire to help us gain information so that we can meet your child's needs, provide a smooth transition to school, and a successful preschool learning experience. Thank you!

## Physical Development

Please check under the word that best describes your child's ability in the following areas:

	Good	Average	Needs help	No exposure
Uses scissors				
Uses pencil				
Walk/Run/Hop/Jump/Climb				
Fine motor skills				

Please check under the word that best describes your child's communication:

	Good	Average	Needs help	No exposure
Uses words to express self				
Speaks clearly				
Vocabulary is age-appropriate				
Understands directions				

## Behavioral / Emotional Development

Please check under the word that best describes your child's behavioral / emotional development:

	Never	Often	Sometimes
Seems overly shy			
Seems happy			
Shares with others			
Cares about others			
Gets upset or frustrated easily			
Has temper tantrums			
Follows simple directions			
States wants and needs			
Pays attention to what you say or do			

Does your child have any special habits ( thumb-sucking, nail-biting, hair twirling)?  
If yes, please explain.

Any particular fears?

Can your child occupy herself/himself without electronics, and how long?

Does your child occupy herself/himself with electronics, and how long?

What method of discipline do you use with your child? How does she/he respond to it?

How does your child react to new situations?

How does your child react when you leave her/him?

How do you and your family spend time together?

How does your child relate socially to other children?

What previous group experience has your child had?

Please list your child's favorite activities:

## **Sleeping Habits**

Does your child usually nap during the day?

My child normally sleeps at night from \_\_\_\_\_ p.m. to \_\_\_\_\_ a.m.

## **Eating Habits**

What foods does your child like for snacks?

What foods does your child dislike?

Does your child feed her/himself?

My child drinks from a regular cup \_\_\_\_\_ sippy cup \_\_\_\_\_ straw \_\_\_\_\_  
Please check what applies

## Toileting

Is your child fully trained?

Does your child ask to go to the bathroom?

Does your child need help going to the bathroom (wiping, etc.)?

## Self Help Skills

Does your child:      \_\_\_\_\_ dress                      \_\_\_\_\_ undress                      \_\_\_\_\_ button  
                                 \_\_\_\_\_ zip                      \_\_\_\_\_ put on coat                      \_\_\_\_\_ take coat off  
                                 \_\_\_\_\_ put shoes on                      \_\_\_\_\_ pull up pants

What responsibilities does your child have around the house?

Does your child accept responsibilities willingly ( putting away toys after play, household chores, etc.)? If no, please elaborate:

## Parents' Expectations

What are your goals and expectations for your child at preschool?

Do you have any special concerns or questions to which you would like to draw our attention?

Do you have any family traditions or customs you would like us to recognize? If yes, are you willing to share these with the classroom?

How would you like to participate in our program?

\_\_\_\_\_ share a special skill / interest:\_\_\_\_\_

\_\_\_\_\_ join us for special events:\_\_\_\_\_

\_\_\_\_\_ other:\_\_\_\_\_

## Community Resources

Listed below are community resources that will team up with the preschool throughout the year providing services and activities for the students. If you would like to participate in any of these activities or services, please contact the person listed below each resource. You are welcome to participate in our program with any special skill or interest you have of your own also.

### Central Rivers Area Education Agency

- **Hearing screenings**
- **Speech screenings**

#### Clear Lake

*9184 265th Street, Suite B  
Clear Lake, IA 50428*

*P: [1-800-392-6640](tel:1-800-392-6640) or [641-329-4200](tel:641-329-4200)*

### Iowa Kidsight

- Lions Club and University of Iowa Team up to check students visio
- Bob Perry

### Food Program

- School Counselor and Department of Human Services team up to provide food for families that need assistance.
- Dakota Hanson 641-324-1127 Ext. 216

## **Northwood Fire Department**

- come into the classroom and talk about fire safety
- Fire Chief - Mark Halbach

## **Worth County Conservation**

- Naturalist Dakota Popp
  - Worth County Iowa

1000 Central Ave  
Northwood, IA 50459

Phone: 641-324-2316

- teaches the students about various animals, environment, season, etc through the year.

## **Ag In the Classroom**

- Farm Bureau
  - Teresa Stein
    - 641-324-1472
  - Julie Tweeten and Teresa Stein visit the classroom and talk about something farm related.

## **Academic Year**

\_\_\_\_ 2023-2024

\_\_\_\_ 2024-2025

\_\_\_\_ 2025-2026

\_\_\_\_ 2026-2027