



PRESCHOOL QUESTIONNAIRE

Child's Full Name: _____ Date of Birth: _____

PHYSICAL DEVELOPMENT

Please circle the word that best represents your child's ability in each area:

Using scissors: Good, average, needs help, not applicable

Climbing: Good, average, needs help, not applicable

Using crayons: Good, average, needs help, not applicable

Pedaling: Good, average, needs help, not applicable

Walking: Good, average, needs help, not applicable

Running: Good, average, needs help, not applicable

Jumping: Good, average, needs help, not applicable

Balancing: Good, average, needs help, not applicable
(On 1 foot)

My child can...Check all that apply:

Put on own socks

put on own shoes

put on own coat

zip own coat

eat with spoon

eat with fork

Please describe any physical development concerns: _____

COMMUNICATION

What language(s) do you speak at home? _____

Do you have any speech concerns, including specific mispronounced or replaced letter sounds? No Yes: elaborate: _____

Please circle the word that best represents your child's speech:

Uses words to express self: Good, average, needs help, n/a

Speaks clearly: Good, average, needs help, n/a



Vocabulary is age-appropriate: Good, average, needs help, n/a

Understands directions: Good, average, needs help, na

BEHAVIORAL/EMOTIONAL DEVELOPMENT

Please describe your child's personality. _____

Does your child have any particular habits (e.g., nail-biting, thumb-sucking)? No Yes:

Please elaborate: _____

Does your child have any fears (i.e.: storms, animals, loud noises, etc.)? _____

How does your child display/express anger? _____

What are your methods of discipline with your child? _____

How does your child respond to discipline? _____

Do you have any concerns regarding your child's behavior or any specific struggles? No

Yes: please elaborate: _____

How does your child handle new situations? _____

Does your child have separation anxiety? Yes No

What are your child's favorite activities? List at least three: _____

SOCIAL RELATIONSHIPS

What experiences has your child had playing with other children? Check all that apply:

Sibling(s) preschool story hour Sunday school daycare

playgroup 1 or 2 friends his/her own age rec sport/art classes/dance/gymnastics



other experiences: _____

Is this your child's first experience with adults other than family? No Yes

How does your child get along with siblings and/or other children? _____

How would you describe your child's stage of play? For more info visit:
<https://pathways.org/kids-learn-play-6-stages-play-development/>

solitary spectator Parallel Associate Cooperative

SLEEP TIME AND NAPPING HABITS

Does your child typically nap? Everyday Sometimes Not at all. #Hours? ____

Does your child need something to fall asleep with? If so, please specify: _____

Does your child sleep in his/her own bed at home? Yes No

Please specify any concerns regarding your child's sleep habits: _____

EATING HABITS

What is your child's typical appetite? _____

Any eating issues we should be aware of? _____

TOILET HABITS

Does your child indicate when they need the toilet? Yes No

Does your child typically need help in the bathroom? Check all that apply:



- | | | | |
|------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> wiping#1 | <input type="checkbox"/> wiping #2: | <input type="checkbox"/> pulling pants down | <input type="checkbox"/> pulling pants up |
| <input type="checkbox"/> buttoning | <input type="checkbox"/> zipping | <input type="checkbox"/> undressing (potty accident) | <input type="checkbox"/> redressing (potty accident) |

PARENT EXPECTATIONS

What are your expectations and goals for your child at WCELA? _____

Please describe any other concerns or helpful information : _____

At WCELA we understand that parenting is hard work and “it takes a village” as the saying goes! We believe in collaborating with parents and working as a team to help all children grow in all areas of development. We believe every child’s social and emotional well-being is as much or more important than academic skills. Please indicate if you would be interested in a parent coaching class with our dedicated teachers.

- Yes, please! No, thank you. I would consider it if it was offered.

Comments: _____

We thank you for taking the time to complete this preschool paperwork. It will go a long way to making your child’s preschool experience more positive.