

Parent/Guardian Questionnaire

In order to get to know you and your child please fill out this quick survey.

All information will be kept confidential.

Child Name: _____

Your Name: _____

Date of Birth: _____

Relationship: _____

To child: _____

Medical/Health History

Name of your child's doctor: _____

Birth Weight: _____

Complications During Delivery? YES NO Comments : _____

History of Ear Infections? YES NO Comments: _____

Hearing Issues? YES NO Comments: _____

Vision Issues? YES NO Comments: _____

Required Hospitalization? YES NO Comments: _____

Condition	Yes	No	Age	Condition	Yes	No	Age
Chicken Pox				Epilepsy			
Meningitis				Hepatitis			
Whooping Cough				Hives			
Asthma				Nosebleeds			
Diabetes				Kidney/Bladder			
Eczema				Seizures			

Medications

Is your child currently taking any medications? YES NO

Please list any medication that your child is currently taking.

Name of Medication	Reason for Taking the Medication

Please list any allergies your child has.

Who lives with you and your child (Name, Relationship to Child)?

Has your child attended preschool? ___YES___NO Has your child attended daycare? ___YES___NO

Preschool Program: _____ Date Started: _____ Date Completed: _____

Name of Daycare: _____ Date Enrolled: _____ Date Completed: _____

Has your child had any problems or concerns in their daycare or preschool program?

What method of discipline in the home reaches your child most effectively?

What responsibilities does your child have at home?

What are your child's strengths? (academics, social, athletic, artistic, musical, etc. Be specific.)

What might your child struggle with in school? (routine, academics, social, emotional, etc. Be specific)

Is there anything else you'd like us to know about your child?

Please check ALL of the following characteristics that describe your child:

- | | | |
|---------------------------|-------------------------------|--------------------------|
| _____ Overly Sensitive | _____ Respectful | _____ Shy |
| _____ Often Tired | _____ Calm | _____ Daydreams |
| _____ Highly Active | _____ Honest | _____ Nervous or Tense |
| _____ Often Angry | _____ Often Worries | _____ Confident |
| _____ Often Argues | _____ Bedwetting Issues | _____ Cooperative |
| _____ Sad or Depressed | _____ Easily Distracted | _____ Demands Attention |
| _____ Impulsive | _____ Shares Well | _____ Easily Cries |
| _____ Destructive | _____ Polite | _____ Gets Along Well |
| _____ Temper Outbursts | _____ Affectionate | _____ Sympathetic |
| _____ Poor Self Image | _____ Poor Concentration | _____ Patient/Waits Turn |
| _____ Positive Self Image | _____ Often doesn't feel well | _____ Defiant |
| _____ Often Not Truthful | _____ Easily Frustrated | _____ Has many friends |