

STUDENT QUESTIONNAIRE
(To be filled out each year)

FAMILY INFORMATION

Child's Name: _____
(First) (Middle) (Last) (Nickname)

Birthdate _____ Place of Birth _____

Present Address _____ Home Phone _____

Father's Name _____ Occupation _____ Work Phone _____

Mother's Name _____ Occupation _____ Work Phone _____

Marital Status of Child's Parents _____

• If there has been a divorce or separation, please explain the custodial rights and anticipated visitation concerns: _____

• Names and relationships to child of others in home (include other children, adults and pets, listing ages of children): _____

PHYSICAL BACKGROUND AND DEVELOPMENT

• List health information that should be known by the teacher (allergies, vision or hearing problems, activity restrictions, regular medication, etc. _____

• Has your child had any illnesses, operations, accidents or hospital experiences, and what were the child's reactions to these experiences? _____

• Please describe child's sleeping habits: Naps _____ Bedtime _____

• Which hand does child prefer: Left Right Not Sure

• Does your child have any fears of which others should be aware? _____

(OVER) →

•What methods of discipline have you found to be most effective? _____

•How does your child react to discipline or correction? _____

•Please circle items below that describe your child:

Happy	Aggressive	Friendly	Moody	Attentive
Stubborn		Sensitive	Easily embarrassed	Even-Tempered
Dependent	Impulsive	Fearful	Shy	Quiet
Good-Natured	Fidgety	Uncoordinated		Sympathetic

PLAY INFORMATION

•What activities does your child enjoy? Include favorite companions, play, toys and stories.

•Does your child usually play alone, or with other children? _____

•What age and gender are child's most frequent companions? _____

•If your child has an imaginary playmate, what is its name? _____

•Approximately how many hours does your child watch TV each day and what are his/her favorite programs? _____

PREVIOUS SCHOOL EXPERIENCES

•Has your child attended a preschool before? _____

•If your child previously attended St. John's, please indicate session and teacher:

2 Year Play & Learn **3 Year Program:** 2-day 3-day **4 Year Program:** 3-day 5-day

Teacher's Name (s)

OTHER INFORMATION

•What would you like your child to gain from the pre-school experience? _____

•Please use this space to provide any additional information (such as adoptions, illness, death, etc.) or to list any questions which might be helpful to us in serving your child through our school. _____

(OVER) →