

## PARENT QUESTIONNAIRE

- **Medical**
  - List all allergies and any special precautions and treatment indicated for these allergies: \_\_\_\_\_
  - List any medications that are being given for any special medical conditions (i.e. asthma): \_\_\_\_\_
  - List any chronic physical problems and any history of hospitalization: \_\_\_\_\_
  - List any diseases, serious illnesses, or operations the child has had: \_\_\_\_\_
  - Does your child have any hearing/ vision problems that we should be aware of? \_\_\_\_\_
  
- **Eating Habits**
  - List any foods that your child is allergic to \_\_\_\_\_
  - What foods does your child especially like? \_\_\_\_\_
  - Are there any foods your child strongly dislikes? \_\_\_\_\_
  - Are there any types of foods and/or drinks that your child should not eat for medical, religious, or personal reasons? \_\_\_\_\_
  - Is your child on a special diet? \_\_\_\_\_
  
- **Play and Social Experiences**
  - How would you describe your child's personality? \_\_\_\_\_
  - Does your child prefer to play alone or with other children? \_\_\_\_\_
  - Does your child have any imaginary playmates? \_\_\_\_\_
  - Does your child have any siblings? If so, how many? \_\_\_\_\_
  - Does your child have any pets? \_\_\_\_\_
  - What are your child's favorite toys and/or activities? \_\_\_\_\_
  - What is your child's favorite TV program? \_\_\_\_\_
  - How long does your child watch TV each day? \_\_\_\_\_
  - What are your child's favorite books? \_\_\_\_\_
  - How many times a week is your child read to? \_\_\_\_\_
  - Is there anything else about your child's play or playmates that the school should know? \_\_\_\_\_
  
- **Discipline**
  - In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage? \_\_\_\_\_
  - Do you presently have any concerns about your child? \_\_\_\_\_
  - How are these concerns dealt with? \_\_\_\_\_
  
- **Additional Information**
  - Do you want your child to do homework at the Kids' Center? \_\_\_\_\_