

## QUESTIONNAIRE for ECC 1 year olds

Please take a few minutes to answer both sides of this questionnaire. This will help me get to know your child better. Please return this at The Back to School meeting. Thank you!

Child's name \_\_\_\_\_ (As you want him/her called at school)

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Language your child speaks \_\_\_\_\_

Language your child understands \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Please list the names and ages of your child's brothers and sisters.

Has your child had playgroup experience?

Is this your child's first experience in a school setting? If no, then where and when?

List your child's special interests.

Is your child afraid of anything?

What responsibilities does your child have at home?

What form of discipline do you use at home?

Does your child talk – How much? Words/Sentences? Or uses sign language?

Complete: Yes, No, N/A or Short Answer\*

- \_\_\_\_\_ Can say name
- \_\_\_\_\_ Understands simple commands
- \_\_\_\_\_ Recognizes some colors
- \_\_\_\_\_ Recognizes some letters
- \_\_\_\_\_ Recognizes some shapes
- \_\_\_\_\_ Counts to.....(how far)
- \_\_\_\_\_ Has experience with crayons
- \_\_\_\_\_ Listens to stories
- \_\_\_\_\_ Enjoys music
- \_\_\_\_\_ Crawls/Walks?
- \_\_\_\_\_ How much progress has been made to toilet train?

*CONTINUED ON BACK*

\_\_\_\_\_ Cries or shows fear when separated from primary caregiver? If yes, how do you help your child relax?

\_\_\_\_\_ Expresses physical aggressiveness when upset? \_\_\_\_\_ Biting? \_\_\_\_\_ Hitting?  
\_\_\_\_\_ Tantrums? \_\_\_\_\_ Pull hair?

\*These are skills we will be working on throughout the year.

What are your expectations for the Early Childhood Connections program? What specific things would you like to see happen this year?

Are there any changes in your family this year that you think would be helpful for me to know about?

Has your child received any services from ECI, CCISD, or any private practice? Yes \_\_\_ No \_\_\_  
Example: Speech therapist/Eye specialist, etc. Please explain.

If yes: Please submit additional written documentation of services provided and strategies for us to implement in the classroom.

Are there any health/medical/allergy conditions, I should be aware of? Uses Epi-Pen Yes \_\_\_ No \_\_\_

Do you have any family/cultural celebrations, which you would like to share with us?

Any Cultural/Religious food restrictions?

Is there anything you'd like to share about your child's health development, social development, speech or language development, which would help me understand your child?

Faith preference? \_\_\_\_\_

Parishioner? \_\_\_\_\_

If not, what church do you attend? \_\_\_\_\_

Signature \_\_\_\_\_

This will be an exciting year! We look forward to getting to know your child and you!