

## QUESTIONNAIRE for ECC 2 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?

Does your child walk/run/climb steps easily?

How does your child handle new situations?

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?

Does your child respond to safety words (hot, stop, etc)?

What responsibilities and rules 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. (This is only for our reference – Your child does NOT need to master these before school.) \*

_____ Can say name		During day: wears diapers _____
_____ Understands simple 2-step commands and directions		pull-ups _____
_____ Recognizes some colors		underwear _____
_____ Recognizes some letters		
_____ Recognizes some shapes		
_____ Counts to.....(how far)	Boy: uses urinal	Yes ____ No ____
_____ Has experience with crayons	stands at toilet/urinal	_____
_____ Listens to stories	sits on toilet	_____
_____ Enjoys music		
_____ How much progress has been made to toilet train?		
_____ Eats with utensils		
_____ Feeds self/needs assistance? – Circle one		
_____ Washes hands		

*Continued on back*

\_\_\_\_\_ Dresses self with help  
\_\_\_\_\_ Puts on jacket without assistance  
\_\_\_\_\_ Verbalizes restroom needs  
\_\_\_\_\_ 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? \_\_\_\_\_ Screaming?

\*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 \_\_\_  
If yes: Who and when

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, we 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 us understand your child?

Signature \_\_\_\_\_

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