

QUESTIONNAIRE FOR ECC 3 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?

Does your child have any difficulty with speech?

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?

Is your child (circle one) right or left handed?

Check the skills your child has acquired:

- _____ Can say full name
- _____ Can print first name
- _____ Recognizes name
- _____ Knows birthday
- _____ Recognizes numbers to 5
- _____ Counts to.....(how far)
- _____ Knows colors
- _____ Knows basic shapes
- _____ Has experience with crayons
- _____ Has experience with scissors
- _____ Has experience with gluing
- _____ Likes to listen to stories
- _____ Can zip own clothing
- _____ Can button own clothing
- _____ Uses bathroom independently

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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?

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?

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, 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 else you would like to tell me about your child?

Signature _____

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