Parent Questionnaire

Location: ☐ Arlington Heights ☐ Mundelein

Name of Child: _____

Development Information

Age child began:

Sitting _____ Crawling _____ Walking _____ Talking _____

Is your child a good climber: ☐ Yes ☐ No

Does your child fall easily: ☐ Yes ☐ No

Current language abilities: ☐Words ☐Phrases ☐Sentences ☐Conversations

Please describe: _____

_____

Primary language: _____

Any difficulties in speaking: _____

Other languages spoken: _____

Past major illnesses or any physical conditions: _____

_____

_____

List any accidents, operations or hospitalizations:

Situation: _____

Date: _____

Concerns, if any: _____

_____

_____

Is your child presently under doctor's care? ☐ Yes ☐ No

If yes, name of doctor: _____

Does your child take prescribed medications? ☐ Yes ☐ No

If any, what kind: _____

Does your child use any special devices at home? ☐ Yes ☐ No

If any, what kind: _____

Sleeping

What is your child's bedtime? _____

What time does he/she wake up? _____

Does he/she have any sleeping disturbances? ☐ Yes ☐ No

If yes, please describe: _____

_____

_____

Does he/she take naps? ☐ Yes ☐ No

Eating

Please describe the diet and eating patterns of your child in the course of a day: _____

_____

_____

Allergies, if any: _____

Does your child enjoy eating? ☐ Yes ☐ No

Does he/she feed him/herself? ☐ Yes ☐ No

☐ Spoon ☐ Fork ☐ Hands

What are his/her favorite foods? _____

_____

What food does he/she dislike? _____

_____

Do you have any particular concerns about your child's eating habits? ☐Yes ☐No

Describe: _____

_____

_____

What is his/her usual eating hours?

Breakfast _____ Lunch _____ Dinner _____

Bathroom

Is your child toilet trained? ☐ Yes ☐ No If yes, at what age?_____

Are bowel movements regular? ☐ Yes ☐ No If yes, at what time?_____

Word(s) for "bowel movements": _____

Word(s) used for "urination": _____

Social and Emotional Behavior/Experiences

Does your child have temper tantrums? ☐ Yes ☐ No

If yes, what causes it? _____

_____

Does your child cry easily? ☐ Yes ☐ No

Has your child had any other child care experiences? ☐ Yes ☐ No

What activities does your child enjoy at home?_____

_____

How does your child get along with his/her siblings?_____

Does your child enjoy playing alone? ☐ Yes ☐ No

How does your child relate to strangers? _____

How does your child relate to known adults? _____

How do you discipline your child at home? _____

What are your child's favorite activities? _____

Check if your child can:

☐ Put on Shoes ☐ Tie or Buckle Shoes ☐ Button Jacket ☐ Dress Self
☐ Zip Zippers ☐ Feed Self ☐Go to the Bathroom Unassisted

We understand that all children go through stages of behavior. We are primarily interested in knowing about any regular pattern of behavior, or behaviors, that your child seems to frequently demonstrate.

CHECK ALL THAT APPLY TO YOUR CHILD:

☐ Cries Easily ☐ Happy ☐ Excitable ☐ Bites Nails
☐ Calm ☐ Sleeping Problems ☐ Feeding Problems ☐ Difficult to Manage
☐ Daydreams ☐ Jealousies ☐ Negative ☐ Difficulty with Others
☐ Sucks Thumb ☐ Whining ☐ Wets Bed
☐ Cooperative ☐ Easy-Going ☐ Destructive
☐ Teases ☐ Temper Tantrum ☐ Cheerful

Tell us if you are concerned about any of these behaviors, and how we may be of assistance to you: _____

_____

Is your child frightened by any of the following? Check all that apply.

☐ Rough Children ☐ Loud Noises ☐ Water
☐ Animals ☐ Dark ☐ Other: _____
☐ Sirens ☐ People in Costumes

Is there anything the center should know about your child that has not been asked?

_____

_____

Reason for requesting child care placement? _____

_____

Comments: _____

_____

_____

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY