St. Paul's Church Littlest Angel Preparatory Preschool 221 Valley Street, Suite X San Francisco, CA 94131-2320 Telephone: 415.824.5437 FAX: 415.341.1041 License #: 380506430 Website: www.LittlestAngelPreschool.com

Dear Parents,

The following questionnaire is a guide for me to 'know' your child as you do. If you need additional space, please use the reverse side of the page.

I realize this is quite lengthy, but it will save your child the frustration of having to 'educate' us as to his/her personality and abilities.

Thank you for your valuable time and input.

Mrs. Peg Lazzarini-Kayser, Director

1.	Father's Name			Mother's Name	
2.	Home Phone	Cell Phone		Home Phone	Cell Phone
3.	Child's Name			Nickname	DOB
4.	Child is: natural	adopted	foster		
5.		h problems (mother and/o If yes to any of the forego			very? After the birth
		Length vith both parents?		m?	

8. This child was the (1, 2, 3, 4, 5, \_\_\_\_) in the family. Please list the names, ages and relationship of other children living in the home/other adults and relationship living in the home.

- 9. Child (disrupts, gets along with) family. Please circle appropriate answer.
- 10. Any allergies? If yes, please explain
- 11. Is your child on any medication? \_\_\_\_\_ If yes, please explain.
- 12. Has your child had any other experiences with Preschool, daycare, playgroups? If so describe when, where and was this a structured academic program or mostly play?
- **13.** Describe your child's personality.
- 14. Parents (agree, disagree, compromise) on how to discipline child. Please circle appropriate answer.
- 15. Discipline has been (strict, lenient, inconsistent, all of these). Please circle appropriate answer.
- 16. How does your child get along with other children?

17. Does your child have a best friend? \_\_\_\_\_ Please name \_\_\_\_\_\_

18. Does your child have a pretend friend? \_\_\_\_\_ Please name \_\_\_\_\_\_

19. Favorite color	Favorite song
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20. Favorite game	_ Please describe (if needed)
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21. What time does your child go to sleep at night? \_\_\_\_\_ What time does your child awake?\_\_\_\_\_

## 22. At approximately what age did your child learn to sit up without support? \_\_\_\_\_\_ crawl? \_\_\_\_\_

walk? \_\_\_\_\_\_ run? \_\_\_\_\_ say 4 or 5 words? \_\_\_\_\_\_ speak in sentences? \_\_\_\_\_\_

23.	In which category do you hear your child's vocabulary now? ( advanced	normal	poor)
24.	Does your child have any fears? Please describe		

#### 25. Describe a typical day

#### 26. Describe a favorite place your child likes to visit

27. Is your child able to without help: use the toilet? \_\_\_\_\_ wipe? \_\_\_\_\_ put on pants? \_\_\_\_\_ put on shoes? \_\_\_\_\_ bounce a ball once with two hands? \_\_\_\_\_ skip? \_\_\_\_\_ use scissors ? \_\_\_\_\_ use a spoon? \_\_\_\_\_\_ fork? \_\_\_\_\_ drink from a glass or cup? \_\_\_\_\_

28. What are your child's favorite foods? Which is your child's favorite meal? Breakfast Lunch Dinner

- 29. Does your child recognize his/her first name in print? \_\_\_\_\_ last name? \_\_\_\_\_
- 30. Does your child know his/her home address and phone number? \_\_\_\_
- 31. Does your child know his/her age? \_\_\_\_\_ Birthday? \_\_\_
- 32. Does your child know the difference between left and right? \_
- 33. How do you know when your child is sad? angry? tired? (crying, whining, verbalizes?)

### 34. Does your child like books? \_\_\_\_\_ Does your child like being read to? \_\_\_\_\_ Is your child able to read? \_\_\_\_\_

- 35. Would your child prefer watching television rather than being read to? \_\_\_\_\_
- **36.** Name a favorite book
- 37. Name a favorite television program
- 38. What is the average amount of time your child watches television during the week? \_\_\_\_\_\_ weekends?
- 39. Does your child tell or repeat a short story or describe an event in detail and accurately?
- 40. What is your child's favorite indoor activity? \_\_\_\_\_ Please describe, if necessary.

41. What is your child's favorite outdoor activity? \_\_\_\_\_\_ Please describe, if necessary.

42. Does your child like to color? \_\_\_\_\_ Does your child enjoy puzzles? \_\_\_\_\_ Does your child like animals?

43. Name your child's favorite restaurant \_\_\_\_\_

- 44. Does your child speak a second language and what is it?
- 45. Which language is used at home the majority of the time?
- 46. List special strengths you think your child may have:

47. List any concerns you may have regarding your child's progress

# 48. Are there any special problems, circumstances of which the staff should be aware?

49. Has your child expressed any of the following behavior <u>frequently or intensively</u>? (Please check all that apply):

Shy	Sleep problems	Destructiveness
Timid	Laziness	Lack of confidence
Withdrawal	Unhappiness	Can't concentrate
Defiance	Clumsiness	Falling
Depression	Temper tantrums	Fainting
Unusual fears	Hyperactivity	Thumb Sucking
Memory loss	Impulsiveness	Biting
Pinching	Kicking	Hurting other children
Other		

50. Is your child's self care: (independent dependent sloppy neat forgetful)