

STUDENT QUESTIONNAIRE
(To be filled out each year)

FAMILY INFORMATION

Child's Name _____
(first) (middle) (last) (nickname)

Birthdate _____ Place of Birth _____

Present Address _____ Phone _____

Father's Name _____ Occupation _____ Work Phone _____

Mother's Name _____ Occupation _____ Work Phone _____

Marital Status of Child's Parents _____

-If there has been a divorce or separation, please explain the custodial rights and anticipated visitation concerns: _____
_____.

-Names and relationships to child of others in home (include other children, adults and pets, listing ages of children: _____
_____.

PHYSICAL BACKGROUND AND DEVELOPMENT

-List health information that should be known by the teacher (allergies, vision or hearing problems, activity restrictions, regular medication, etc. _____
_____.

-Has your child had any illnesses, operations, accidents or hospital experiences, and what were the child's reactions to these experiences? _____
_____.

-Describe child's sleeping habits:
Naps _____ Bedtime _____

-Which hand does child prefer: Left _____ Right _____
Not Sure _____

-Does your child have any fears of which others should be aware? _____
_____.

(OVER)

-What methods of discipline have you found to be most effective? _____

-How does your child react to controls and correction? _____

-Please circle items below that describe your child:

Happy	Aggressive	Friendly	Moody	Attentive	Quiet
Dependent	Stubborn	Impulsive	Fearful	Clumsy	Sleepy
Shy	Good-Natured	Sympathetic	Even-Tempered		

PLAY INFORMATION

-What activities does your child enjoy? Include favorite companions, play, toys and stories.

-Does your child usually play alone, or with other children? _____

-What age and sex are child's most frequent companions? _____

-If your child has an imaginary playmate, what is its name? _____

-Approximately how many hours does your child watch TV each day and what are his/her favorite programs? _____

PREVIOUS SCHOOL EXPERIENCES

-Has your child attended a preschool before? _____

-If your child previously attended St. John's, please indicate session and teacher:

2 Year Play & Learn _____ 3 Year Program (2 day, 3 day) _____ 4 Year Program (2 day, 3 day) _____ Teacher _____

OTHER INFORMATION

-What would you like your child to gain from the pre-school experience? _____

-Please use this space to provide any additional information (such as adoptions, illness, death, etc.) or to list any questions which might be helpful to us in serving your child through our school. _____

(OVER)