



**Early Childhood Program Questionnaire**

Dear Families,

Please take a few minutes to answer the questions below. Your responses will help us begin to build a good connection between home and school by informing us of your child’s development in the early years at home. Your responses will also help us to gain an understanding of your child’s family structure and child’s individual needs. Please use the back if you need more space to answer the questions completely.

Child’s Full Name: \_\_\_\_\_ Age (as of Sept. 1) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nickname: \_\_\_\_\_

Please list all members of the child’s household(s) below, as well as the ages of siblings.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list the names of other caregivers that do not live in the child’s home: (i.e. babysitter, grandparent)

Name	Relationship
_____	_____
_____	_____

In an effort to gain understanding of the families in our program please tell us about your;

Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Culture: \_\_\_\_\_ Home Language(s): \_\_\_\_\_

What is your child’s primary language, (the language your child first learned to speak?)

Primary \_\_\_\_\_ Secondary \_\_\_\_\_



# HAMPSTEAD ACADEMY

What activities or hobbies does your family enjoy together (i.e. camping, museums, hiking, fishing, skiing?)

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Are there any issues or concerns at home that we should be aware of?

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**(Sharing information about home life is very important to educators who work diligently to help young children begin to understand and manage their emotions and behaviors. If there is anything happening at home please keep us informed; the birth of a sibling or close cousin, change in babysitters, marriage of a close relative, impending divorce or separation, illness, death, or anything else that is out of the ordinary in your family's daily life.)**

What responsibilities does your child have at home?

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Are there any particular interests or hobbies that your child has?

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What extracurricular activities does your child participate in?

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Has your child had any prior evaluations?

	Yes	No	Don't know		Yes	No	Don't know
Speech/language	___	___	___	Neurological	___	___	___
Motor coordination	___	___	___	Vision	___	___	___
Orthopedic	___	___	___	Hearing	___	___	___
Psychological	___	___	___	Other	_____		



# HAMPSTEAD ACADEMY

Has your child ever received counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any sensory concerns? (i.e. sensitivity to sound, textures, smells, tastes, or color blind?)

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Has your child had any occupational therapy services in the past? If so, where and for how long?

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Does your child take any medications regularly? If so, please list and describe what they are used for?

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Does your child have any allergy or health issues?

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Is your child afraid of anything?

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Does your child take regular naps? If so, how long and how often?

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Has your child had any previous preschool or playgroup experiences? If so, where and for how long?

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What do you see as your child's strengths?

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What do you see as your child's weaknesses?

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# HAMPSTEAD ACADEMY

How would you describe your child?

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One important thing for you to know about my child is:

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What goals do you have for your child in Preschool or PreK?

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Do you currently have any questions or concerns about your child's growth and development?

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**Please check the skills below that your child can do independently.**

Three, four, and five year olds may not be able to perform these tasks independently yet, we would just like to know what they are able to do independently so that we can continue to encourage independence.

Separates easily \_\_\_\_\_ Uses bathroom voluntarily and independently (#1 & #2 ) \_\_\_\_\_

Feeds self \_\_\_\_\_ dresses self (undies, socks, pants, shirt) \_\_\_\_\_ shoes on the correct feet \_\_\_\_\_

button \_\_\_\_\_ zip \_\_\_\_\_ tie shoes \_\_\_\_\_ snap clothing \_\_\_\_\_

**Recites:** first name \_\_\_\_\_ last name \_\_\_\_\_ address \_\_\_\_\_ telephone \_\_\_\_\_

Finally, what is your preferred means of communication for class list, class newsletters, holiday notices, field trip information or permission slips? Paper copy \_\_\_\_\_ email \_\_\_\_\_ both \_\_\_\_\_

Thank you for taking the time to help us get to know your child and your family. Please bring this to Orientation Day, or mail it to the school. We look forward to a fantastic school year!