



PRE-SCHOOL ADMISSION Parent Questionnaire

STUDENT NAME: _____ DATE OF BIRTH: _____ (Include month in letters)

This questionnaire was created by Early Childhood specialists and represents a tool to help us better know your child. Any information you provide remains confidential. It is strictly for the viewing of teachers and school administrators. We look closely at all the information provided in the admissions file and we partner with parents in getting to know their children and offering the best educational services according to their needs.

Table with 2 columns: Question, Answer. Rows include: Has your child had any prior school or social group experiences?, How would you describe your child's personality?, How does your child act in social situations with children of the same age?, How well does your child separate from you?, How does your child feel about starting pre-school at ISA?, What are your child's interests and hobbies?, How would you describe your child's emotional development?, How would you describe your child's physical development?, Does your child have any dislikes and / or strong fears?, How would you describe your child's energy level?, What time does your child go to bed?, Is your child completely toilet trained and independent regarding bathroom routines?, Can your child dress and undress (coat, shoes, hat) independently?, Can your child eat with a fork and spoon independently?, What do you hope will be the major outcome of your child's school experiences this year?, Please share with us any other information that you feel is important:

This form was completed by:

NAME: _____

DATE: _____

SIGNATURE: _____

RELATION TO CHILD: _____