

# EARLY CHILDHOOD QUESTIONNAIRE

FOUR AND FIVE YEAR OLDS



————— BUILDING THE JEWISH FUTURE ONE CHILD AT A TIME —————

WE APPRECIATE YOUR COOPERATION IN FILLING OUT THIS FORM COMPLETELY. THE MORE WE KNOW ABOUT YOUR CHILD, THE BETTER ABLE WE WILL BE TO HELP HIM/HER REACH HIS/HER POTENTIAL. THIS FORM IS CONFIDENTIAL.

NAME OF CHILD \_\_\_\_\_

## PREVIOUS SCHOOL EXPERIENCE

PLEASE DESCRIBE YOUR CHILD'S PRE-SCHOOL EXPERIENCE:

HOW DOES YOUR CHILD ADJUST TO NEW SITUATIONS? PLEASE DESCRIBE.

WHAT ACTIVITIES AND WHAT PART OF THE DAY DOES HE/SHE ENJOY MOST?

## BEHAVIOR

WHAT ADJECTIVES DO YOU FEEL BEST DESCRIBE YOUR CHILD?

WHAT METHODS OF LIMIT SETTING HAVE YOU FOUND MOST SUCCESSFUL?

## LANGUAGE

AT WHAT AGE DID YOUR CHILD START USING WORDS? \_\_\_\_\_

ANY SPEECH DIFFICULTIES? (LANGUAGE DELAY, STUTTER, LISPS, UNCLEAR ARTICULATION, ETC.)

IS THERE ANY LANGUAGE BESIDES ENGLISH SPOKEN AT HOME? \_\_\_\_\_

BY WHOM? \_\_\_\_\_ WHICH LANGUAGE? \_\_\_\_\_

IF SO, WHICH LANGUAGE IS THE MOST DOMINANT FOR YOUR CHILD? \_\_\_\_\_

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YESHIVA HAR TORAH



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## HEALTH

ARE THERE ANY SPECIAL PHYSICAL OR HEALTH ISSUES THAT WE SHOULD TAKE INTO ACCOUNT IN PLANNING FOR YOUR CHILD?

## SUPPORT SERVICES

PLEASE DESCRIBE ANY SUPPORT SERVICES WHICH YOUR CHILD HAS RECEIVED OR CURRENTLY RECEIVES (E.G. SPEECH AND LANGUAGE, O.T, P.T., COUNSELING, SETSS, SEIT). PROVIDE DATES OF SERVICES IF POSSIBLE.

## ADDITIONAL INFORMATION

HOW MANY HOURS OF TV OR VIDEO DOES YOUR CHILD WATCH EACH DAY?

WHICH PROGRAMS DOES YOUR CHILD ENJOY WATCHING?

WHAT WOULD YOU LIKE YOUR CHILD TO GAIN FROM OUR PRE-SCHOOL PROGRAM?

LIST ANY ADDITIONAL INFORMATION ABOUT YOUR CHILD THAT YOU THINK THE TEACHERS SHOULD KNOW.

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_