

## Student Questionnaire

Please help your child's teacher get to know him/her by filling out as much of this form as you can. Please return it to school as soon as possible. Thank you.

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Country of Origin \_\_\_\_\_

Nickname used by the family \_\_\_\_\_ Pets (Name and type of animal) \_\_\_\_\_

Does your child live with: \_\_\_ both parents \_\_\_ one parent \_\_\_ other adults \_\_\_\_\_ (please specify)

Names and ages of brothers \_\_\_\_\_ Names and ages of sisters \_\_\_\_\_

Which of these words best describes your child?

___ uses self control	or	___ lack self control
___ independent	or	___ dependent
___ pleasant	or	___ disagreeable
___ attentive	or	___ inattentive
___ follow directions	or	___ does not follow directions
___ confident	or	___ shy

What are your child's favorite play activities and interests? \_\_\_\_\_

What are your child's favorite toys? \_\_\_\_\_

What are your child's favorite books? \_\_\_\_\_ Does he/she like to be read to? \_\_\_\_\_

What are your child's favorite TV programs? \_\_\_\_\_

Does your child usually play: \_\_\_ alone? \_\_\_ with one friend? \_\_\_ with a few children? \_\_\_ with many children?  
\_\_\_ with older children? \_\_\_ with younger children? \_\_\_ with children same age?

What does your child enjoy doing with the family? \_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_ other adults? \_\_\_\_\_

What do you feel are your child's strengths? \_\_\_\_\_

What do you feel are your child's weaknesses? \_\_\_\_\_

Unique or special qualities of your child. \_\_\_\_\_

What is your biggest discipline problem? \_\_\_\_\_

How do you think your child will adjust to school? \_\_\_\_\_

How does your child feel about going to school? \_\_\_\_\_

What do you hope your child will learn this year? \_\_\_\_\_

In what particular ways can we help your child this year? \_\_\_\_\_