

Parent Questionnaire

Please fill out this questionnaire to the best of your ability. The intent is to help us get to know your child better. There are no right or wrong answers, and all information is considered in light of the child's age.

Child's name: _____ Child's date of birth: _____

Number of siblings: _____ Ages: _____

How does your child react when left in the care of a nonfamily member?

Who has provided care for your child when you need to be away?

How does your child interact with other children?

Does your child play by him or her self?

What kind of activities does your child choose to do during the day?

How does your child respond when frustrated?

How does your child adapt to changes in activity or location?

Please describe how you handle discipline in your home.

Describe if your child has any fears.

Do you have any helpful comforting techniques when your child is upset?

What are your child's strengths?

What are your child's weaknesses?

How would you describe your child's personality?

What are your goals for your child over the next year?

Is there anything else that you would like to tell us about your child?

Name of Parent completing this form: _____ Date: _____