



Christ Presbyterian Preschool

A Ministry of Christ Presbyterian Church, Fairfax

Growing children ages 2-5 for over 25 years

12410 Lee Jackson Memorial Hwy, Fairfax, VA 22033

703-691-9120 www.cpp.cpcfairfax.org

STUDENT QUESTIONNAIRE

This questionnaire will be used to help the teachers best meet the needs of their students, and will enable us to provide a program that takes into account the varied backgrounds of the children at CPP. As with all information you have provided, this information will be kept confidential.

Date _____

Child's Name _____

Parent's Name _____ Phone _____

Name to be called in school _____ Date of Birth _____

Parents: Married _____ Single Parent _____ Divorced _____ Separated _____

Are there any special visiting schedules or custody arrangements we should know about? _____

Occupation: Father _____ Mother _____

Do both parents currently work outside the home? _____

Who is the primary caregiver at home with the child? _____

Please list the names and ages of your child's siblings: _____

Are there other members of the household? If so, please list name and relationship to student: _____

Has your child previously attended Preschool or Daycare? _____ If Yes - where? _____

Was this a positive experience? _____

Has your child been cared for by someone besides the family on a regular basis? _____

Does your child understand and speak English? _____

Does your child have any food allergies? _____

Does your child require an Epi-Pen? _____

Does your child take any medication on a regular basis? _____

Name of Medication _____

Dosage _____

Are there any foods or juices that your child particularly dislikes? _____

What are your child's favorite snacks and fruit juices? _____

What holidays are celebrated in your home? _____

Is there any other information to share with us? (ex. Adoption, other languages spoken at home etc.) _____

Does your child have special needs? _____

Does your child have an I.E.P? _____

What type of discipline do you use at home? _____

How does your child react to this discipline? Any suggestions for school? _____

Does your child accept correction easily? _____

Is your child potty-trained? _____ If in the process, what techniques are being used to encourage the acquisition of this new skill? _____

Does your child nap? _____ When? _____

What time does your child go to bed at night? _____

What time does your child get up in the morning? _____

Does your child have any particular fears? _____

Do you have any concerns about any aspect of your child's development? _____

Do you feel your child's speech is clear? If no, explain _____

What activities does your child enjoy doing with his/her mother? _____

What activities does your child enjoy doing with his/her father? _____

Does your child enjoy playing alone? _____ What type of activities? _____

Has your child had a group play experience? _____

Does your child play well in a group situation? _____

Has your child learned to:

Say nursery rhymes? _____ Sing songs? _____ Listen to stories? _____ Say his/her name? _____

State his/her age & sex? _____ Count? _____ Dress independently? _____

Recognize and name common objects? _____ Follow simple directions? _____

Name basic colors? _____ Throw & catch a ball? _____ Hop on one foot? _____

Balance on one foot? _____ Ride a tricycle? _____

Write name? _____ Draw a person? _____ Other? _____

As your child begins this year at **Christ Presbyterian Preschool**, what are your goals for your child's school year?

Thank you for taking the time out to answer these questions. The answers you have given will guide our teachers as we walk your child through the wonderful world of preschool.