

All About My Child Survey 2022-2023

Please take a few moments to share some thoughts about your child with teachers. We look forward to supporting your child's growth and development. **Kindly return these surveys to teachers at the Meet & Greet Event on September 8th.** Thank you!

Child's Name _____ Room _____

Things my child does well:

What my child likes and dislikes:

Things I am working on with my child:

Things I would like my child to experience at preschool:

My child's typical mood is: _____

What calming strategies help your child during a temper?

Things my child might need help with:

My child has difficulty with these activities:

My child enjoys these physical activities:

Names and ages of siblings at home:

Language spoken at home: _____

Other important information to know:

Do you prefer your child wear a mask at school?

___Yes ___No

Is this your child's first preschool experience?

___Yes ___No

Does your child take a daily nap?

___Yes ___No

Does your child use the toilet independently?

___Yes ___No

Does your child have difficulty with separation from you?

___Yes ___No

Does your child receive support services? (ie: Speech, O.T., PT, Social Skills, other)

___Yes ___No Type _____ Frequency? _____

Parent Signature _____ Date _____