MOTHER SETON SCHOOL

PARENT SURVEY FORM Pre-K & K Only

Please complete the information below to the best of your knowledge. Your responses will be shared with school personnel to assist in planning an education program for you child.

Child's Full Name_____

Date of Birth_____ Place in the family_____

Pre-School (if attended)_____Telephone_____

Months/years attended_____Day/hours per week attended_____

Current Teacher's name_____

Describe your child in 4 to 5 words:

General Health History:

Please check any health concern that you or your doctor have observed:

___Asthma
___Indigestion
___Constipation
___Diarrhea
___Vomiting
___Stomach aches
___Frequent Fevers
___Sinus Trouble
___Diabetes
___Bed Wetting
___Allergies
___Serious blows to head
___Headaches
___Nightmares
___Thumb sucking
___Nail Biting
___Epilipsy (seizures)
___Loss of consciousness
___Chonic Ear (more than 2 per year)
___Overtired or lacking pep
___Nose bleeding
___Heart trouble
___Hyperactivity
___Medical problems
___Fainting
___Other Health Concerns not listed (please explain):

Is your child on medication for a chronic condition? ___Yes ___No
If yes, please explain:

Has your child had any significant injuries or hospitalizations? ___Yes ___No
If yes, please explain:

Hearing – Listening:

Does your child:	YES	NO – Please explain.
Seem to have good hearing?	___	___
Enjoy reciting simple poems & rhymes	___	___
Frequently need direction repeated	___	___
Like to be read to?	___	___
Frequently interrupt when being spoken to?	___	___

	YES	NO
Has your child ever had any ear/hearing examination or treatment?	___	___
If yes, please explain:		
Has your child been diagnosed for a particular hearing difficulty?	___	___
If yes, please explain:		

Language Development:

At what age did your child first begin to speak? Give approximate age if you do not remember exact age:

First Words_____ Two or Three words together_____

Sentences_____

Does your child:	YES	NO
Seem to speak appropriately for age?	___	___
Have difficulty expressing ideas and concepts?	___	___
Have difficulty articulating certain sounds?	___	___

If yes, please explain which sounds:

Visual Assessment:

	YES	NO
Do you suspect any vision problem?	___	___
If yes, please explain:		
Does your child wear glasses?	___	___
Has your child ever had a vision examination or treatment?	___	___
If yes, please explain:		

Motor Development:

Your child began walking at what age? If an estimate, please label as such: _____

Do you feel your child has adequate large muscle coordination?
(run, jump, throw, catch) ___Yes ___No
If no, please explain:

Do you feel you child has appropriate small muscle coordination for their age?
(hold spoon/fork, dress, hold crayons) ___Yes ___No
If no, please explain:

Does your child enjoy physical activity? ___Yes ___

Additional comments:

Social Development:

Does your child:	YES	NO
Have regular playmates the same age?	___	___
Prefer to play with older or younger children?	___	___
Prefer to play with other children instead of alone?	___	___
Cry often?	___	___
Enjoy group activities?	___	___
Become frequently irritated or moody?	___	___
Become upset by changes in routine?	___	___
Demand much individual adult attention?	___	___

What losses has your child experienced?

How does your child deal with these losses?

What kinds of things typically frustrate your child?

How does your child handle these frustrations?

How does your child adjust to new situations and people?

What kinds of limit setting/discipline work best with your child?

Home Information:

Names of adults in the home who are responsible for upbringing and education of child and relationship to child:

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____

Has your child had other caretakers? If yes, at what age, for how long, and relationship to the child.

Person completing the form:
Name_____ Relationship_____
Telephone Number:_____

Is there any additional information you are able to provide that will help us understand your child's individual needs?