



QUAKER LANE COOPERATIVE NURSERY SCHOOL
CHILD INFORMATION QUESTIONNAIRE

Dear Parents and Caregivers,

In an effort to get to know your child/ren as well as possible, the teachers are asking that you take a few moments to fill out this informal questionnaire. The answers provided will be kept completely confidential and will be used to facilitate an optimal learning experience for your child while at school. If you feel uncomfortable providing a written response to any of the questions and would prefer to discuss anything in person with the teachers, please don't hesitate to let us know. **Please fill out this form and return it with all other documents before the first day of school.** Thank you very much!

Child's Name: _____ Child's Date of Birth: _____

What is your child's favorite:

color: _____ animal: _____

toy: _____ food: _____

Has your child ever received or is he/she currently receiving any services for the following?

Speech/Language _____ Birth to 3 _____ Other (specify) _____

Does your child have any reservations about attending school?

Do you have any concerns about your child attending school?

What are some of your child's favorite things to do while at school?

What activities does your child participate in outside of school?

Do you have any questions or concerns about your child's social and/or academic (cognitive) development?

Are there any medical issues which the teachers should be aware of (allergies, etc.)?

Please feel free to use this space to write additional information.