

**WILSON NURSERY SCHOOL**

**Student Questionnaire**

Since parents are our best resource in getting to know the children, we would appreciate you filling out this form as completely as possible. PLEASE keep us informed of any daily changes or upsets in your child's life. We look forward to working with your child and are available to consult with you at any time.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Siblings (Names and ages): \_\_\_\_\_

Other members of household and relationship to child: \_\_\_\_\_

If both parents are away from home during the day, please state arrangements for the child's care when not at school: \_\_\_\_\_

Has child had group play experience? \_\_\_\_\_ Where? \_\_\_\_\_

When and with whom does child watch T.V.? \_\_\_\_\_

**DOES YOUR CHILD:**

Dress and undress him or herself? \_\_\_\_\_ Need help with toileting? \_\_\_\_\_

Have Neighborhood playmates? \_\_\_\_\_ Sleep well? \_\_\_\_\_

Have own room? \_\_\_\_\_ If not, shares with? \_\_\_\_\_

Eat well? \_\_\_\_\_ Have any allergies? \_\_\_\_\_

Dietary restrictions? \_\_\_\_\_

**PLEASE DESCRIBE YOUR CHILD'S:**

General health - \_\_\_\_\_

Personality - \_\_\_\_\_

Usual bedtime - \_\_\_\_\_

What method of behavior control is used in your home? \_\_\_\_\_

How does your child react to that method? \_\_\_\_\_

**HAS YOUR CHILD:**

Been hospitalized? \_\_\_\_\_ If so, when? \_\_\_\_\_ Reason: \_\_\_\_\_

Had any serious accidents? \_\_\_\_\_

Ever had surgery? If so, please explain \_\_\_\_\_

Been to the dentist? \_\_\_\_\_ had vision tested? \_\_\_\_\_ Hearing tested? \_\_\_\_\_

Any speech problems? \_\_\_\_\_ Any physical limitations? \_\_\_\_\_

**IS YOUR CHILD:**

Right or left-handed? \_\_\_\_\_ Able to play alone? \_\_\_\_\_

What areas of play does your child enjoy? \_\_\_\_\_

Would you like to consult with our school nurse about any special needs your child might have? \_\_\_\_\_

Are there any special areas you would like us to concentrate on while working with your child? \_\_\_\_\_

If so, please list: \_\_\_\_\_

Is your child currently receiving special services? \_\_\_\_\_

Would you like information about services available? \_\_\_\_\_

Please use the back of this sheet to let us know if there is anything else we should know about your child.

THANK YOU FOR HELPING US GET BETTER ACQUAINTED WITH YOUR CHILD!