 Birthdate: --

*I*--

1. -

Today's Date: \_\_/ / Child's Current Age: yrs. \_\_\_'mths.

,ear Parents:

In order for our center to best serve the needs and interests of your child, we need an understanding of his nvironment and it's affects on him outside of school. The more thorough knowledge we have of his social, motional, physical and mental development, the better we will be able to meet his needs. We would appreciate your ooperation in answering this, 'Questionnaire', as accurately as possible.

Ifat any time during the school year you would like to discuss your child's progress, we will gladly make an

ppointment with you. Any information you give us will be kept in strict confidence.

* 1. What does your child like to be called? -------------------------
  2. How many people are living in the home and what is the relationship of each person to the child? (Please give ages of children, young adults and adults)
  3. Is either parent/caregiver regularly away from home more than the normal

working day?

* 1. Are there presently any situations at home which make for tension? (illness, new baby, moving, separation from parent, divorce, loss of family member, please specify situation:
  2. If your child has attended another home day care or day care center, please tell us

of his experiences. Please specify name and address of previous day care giver or center:

* 1. Has the child, in the past, had any experiences which resulted inextreme emotional disturbances? (fear, anxiety, etc.)
  2. Number of methods of discipline used most frequently: *(please number according tofrequency used with* # *1 being the most used and # 7 being the least, O=not used)*

Isolation Scolding Deprivation of some pleasure

. Ignoring

Reasoning \_\_Rewards Spanking

Other (Specify)----------------------

* 1. For what types of behavior do you normally discipline? -------------------