specify what chores? --------------------------------

1. Has your child had any serious illness or surgery? (Please explain):
2. Are there any physical condition which might hamper his school adjustment?
3. Does your child have :frequent colds?
4. Does your child have any allergies? Please explain what kind of allergies and if the allergic condition will affect the types of food your child can eat. Inorder for us to facilitate a specific diet,' we will need an official note from your child's pediatrician.
5. Does your child play with other children in the neighborhood? List ages and

sex:) \_ \_ \_ \_ \_

1. In what playthings is your child most interested? ---------------------
2. What TV programs does your child watch? (include adult programs he watches with the family):
3. Is your child interested in books and stories? What kinds? \_ \_ \_

1. Does your child sleep in the afternoon? For how long? \_

1. Does your child eat well?
2. Would you characterize your child as (circle those that apply most of the time):

shy, happy, noisy, inquisitive, passive, timid, has wide interests, quiet, cooperative,busy,fearful, cheerful, confident, active, at loose ends, aggressive, limited interests, unhappy, uncooperative, assertive, affectionate, reserved, introvert, extrovert

Other:--------------------------------------

1. In what ways do you hope your child will progress in preschool?
2. Are there specific things that you hope your child will learn in preschool? What are they?

Parent's Signature:. \_ \_ Teacher's Initials:·-------

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