

BETH TFILOH PRE-SCHOOL QUESTIONNAIRE

**We are anxious to know your child better so that school will be a successful experience for him/her. We would appreciate your completing the following questionnaire and returning it to your child's teacher on Orientation Day.**

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

Siblings:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Occupation of Father \_\_\_\_\_ Mother \_\_\_\_\_

Does your child have friends his/her age with whom he/she plays frequently?

\_\_\_\_\_

Has he/she had previous group play experience? If so, what kind, and for how long?

\_\_\_\_\_

Does he/she have adult contacts (other than parents) with whom he/she spends time?

\_\_\_\_\_

How does your child respond to new situations?

\_\_\_\_\_

\_\_\_\_\_

Does he/she usually need help in:

Dressing \_\_\_\_\_ Undressing \_\_\_\_\_ Toileting \_\_\_\_\_

What are your expressions for:

Using the toilet \_\_\_\_\_

Urinating \_\_\_\_\_

Having a bowel movement \_\_\_\_\_

Does your child have any fears, and how does he/she handle them? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What illnesses has he/she had? Operations? Allergies? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is he/she on any medication? \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any special concerns regarding your child? (speech, hearing, eye problems, motor coordination, etc.)

---

---

---

What activities do you and your child enjoy doing together?

---

How does your child respond to frustration? \_\_\_\_\_

---

What methods of guidance do you find most effective with your child?

---

---

How would you describe your child? \_\_\_\_\_

---

How do you think our school can help your child's growth and development? \_\_\_\_\_

---

---

How do you think our school can enrich your child's Jewish experience? \_\_\_\_\_

---

---

Further comments you would like to share with us to help us maximize your child's experience at Beth Tfiloh: \_\_\_\_\_

---

---