

BETH TFILOH PRE-SCHOOL QUESTIONNAIRE

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

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

Is there a nickname they prefer? \_\_\_\_\_

Siblings:

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

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

Are there any pets in your home? \_\_\_\_\_

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

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 regularly?

\_\_\_\_\_

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? \_\_\_\_\_

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What gives your child comfort when he/she is upset? \_\_\_\_\_

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

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

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

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What activities do you and your child enjoy doing together?

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Are there any activities that your child does not like? \_\_\_\_\_

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

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

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

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

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

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Do you or anyone in your family have any special interests or hobbies that could be shared with the class?

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

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