

Andy Bear Early Learning Center

11500 Wiles Road
Coral Springs, Florida 33076
954-344-2151

PARENT QUESTIONNAIRE

Today's Date: _____ Date of Birth: _____

Child's full legal Name: _____
Last First Middle

Name child is called: _____ Male _____ Female _____

Father's work place: _____

Mother's work place: _____

FAMILY INFORMATION:

Who usually cares for your child when you need to be away from home?: _____

Other persons living in the household:

Name	Relationship	Age
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DEVELOPMENTAL HISTORY:

Type of birth _____ Normal _____ Premature

Complications? _____

Age child began sitting? _____ Crawling? _____ Walking? _____

Is your child a good climber? _____ Falls easily? _____ Began talking? _____

Current language abilities _____

Primary language for speaking _____

Any difficulties in speaking _____

Other languages spoken _____

As infant your child was (circle those which seem to best apply)

Happy Cross Active Quiet High Strung Even Tempered Colicky

List major past illnesses or any physical condition of which you are aware _____

List any accidents, operations, or hospitalizations:

Situation	Date	Residual concerns if any:
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SLEEPING:

What is your child's bedtime? _____ Normal wake time? _____

Is he/she ready for sleep? _____ Does he/she have their own room? _____

His own bed? _____ If shared, with whom? _____

Does he have any sleep disturbances? _____

Is he in good mood upon waking? _____

Does child tire easily? _____ Under what circumstances? _____

Do you have particular concerns about your child's sleeping habits? _____

EATING:

Please describe the diet and pattern of eating by your child in the course of a day:

Does your child enjoy eating? _____

Feeds self? _____ with spoon? _____ with fork? _____ Hands? _____

What are his favorite foods? _____

What foods are refused? _____

Describe any particular concerns about your child's eating habits? _____

TOILETING:

Please note that toilet training is not a criteria for enrollment in the center

Is your child toilet trained for urine _____ For bowels _____

If so, at approximately what age did he become trained? _____

What word is used for urination? _____ for bowels? _____

How frequently do accidents occur? _____

How frequently do accidents occur? _____
How does your child react to accidents? _____
Does he/she need help with toileting? _____
Does your child wet the bed at night? _____ Nap time? _____
Describe any particulars about your child's toilet habits _____

SOCIAL AND EMOTIONAL BEHAVIORS/ EXPERIENCES:

Does your child have tantrums? _____ How often? _____
Frequent stomach aches? _____ Does he cry easily? _____
Does your child have responsibilities at home? _____
Please list: _____
What experiences does your child enjoy at home? _____
What experiences does your child enjoy out of the home? _____
With what age children does your child usually play _____
Into how many homes does he go frequently? _____
How does your child get along with his/her siblings? _____
Does your child enjoy playing alone? _____
How does your child relate to strangers (new people)? _____
How does your child relate to known adults? _____
What makes him angry or upset? _____
How does he show these feelings? _____
What do you find is the best way to handle him? _____
How do you discipline your child at home? _____
What are your child's favorite toys: _____

Check if your child can: _____ put on shoes _____ Buckle shoes _____ Button _____ jacket/sweater _____ Zip zipper
_____ Tie shoes _____ Totally dress them-selves _____ Snap jeans

Please understand that all children seem to go through stages of behavior. We are primarily are interested in knowing about any pattern of behavior or behaviors which your child seems to frequently demonstrate.

(Please circle that apply)

Cries easily	Temper tantrums	Thumb sucking	Cheerful	Tease
Destructive	Jealousies	Cooperative	Sulks	Easy going
Happy	Wets bed	Sleeping problems	Difficult to manage	Calm
Daydreams	Feeding problems	Bites nails	Excitable	

Difficulty with others

Is your child frightened of any of the following?

(Please circle that apply)

Animals

Rough Children

Loud noises

Sirens

Dark Water

Other _____

Describe your child's special interests? _____

Has he had any travel experiences? _____ where/when _____

Are there particular ways you think we might be able to help your child? _____