

## Teacher Information Questionnaire

Date: \_\_\_\_\_

Class: \_\_\_\_\_

*Parents: This information will be used only by your child's teacher(s), for the purpose of planning for the individual needs of each child.*

1. Child's Name: \_\_\_\_\_
2. Child's Nickname: \_\_\_\_\_
3. Birth Date: \_\_\_\_\_
4. Parent Name, and Pronouns: \_\_\_\_\_
  - a. What does the child call you?: \_\_\_\_\_
  - b. Occupation: \_\_\_\_\_
  - c. Place of Employment: \_\_\_\_\_
5. Parent Name, and Pronouns: \_\_\_\_\_
  - a. What does the child call you?: \_\_\_\_\_
  - b. Occupation: \_\_\_\_\_
  - c. Place of Employment: \_\_\_\_\_
6. Other Caregiver Name, and Pronouns: \_\_\_\_\_
  - a. What does the child call you?: \_\_\_\_\_
  - b. Occupation: \_\_\_\_\_
  - c. Place of Employment: \_\_\_\_\_
7. Siblings of Child
  - a. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
  - b. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
  - c. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
  - d. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
8. Describe your child's personality: \_\_\_\_\_  
\_\_\_\_\_

9. Describe any special needs your child may have (medical, fears, toilet habits, etc.): \_\_\_\_\_

10. Does your child have any dietary restrictions? \_\_\_\_\_

11. Does your child have any allergies (pets, medication, etc.)? \_\_\_\_\_

12. What are your child's special interests? \_\_\_\_\_

13. How does your child interact with children & adults outside of the family? Does your child spend a great deal of time with others, other than their parents? \_\_\_\_\_

14. Are there any behavioral problems with which you are concerned? \_\_\_\_\_

15. Please describe methods of discipline used at home: \_\_\_\_\_

16. What objectives do you have for your child this year? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Please describe your child's previous experience in preschool, playgroups, or daycare: \_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Has your child experienced any o f the following in recent months & how are they dealing with the changes? Move, new siblings, deaths, divorce or remarriage, surgery or hospitalization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. What special days do you celebrate in your family? How do you celebrate them? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. What special talents do you as parents bring to our school? Do you sew, cook, scuba dive, etc.? Are you a pilot, firefighter, baker, etc.? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Is there anything else you'd like your child's teacher(s) to know about your family? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_