



Parent Questionnaire

Please complete the form below and submit it together with your application form.

1. PERSONALITY

- Please list three words that would best describe your child's personality:

- Does your child have any fears or anxieties?

2. DEVELOPMENTAL HISTORY

1. Language:

- How old was your child when he/she began to speak? _____
What language was used? _____
- What language(s) is used in the house? Please be specific regarding the language(s) used by each member of the household, including nannies.

2. Hearing:

- Have you ever suspected a hearing problem? Yes/No
If yes, please explain:

3. Sight:

Has your child had any visual problems? Yes/No

Does your child wear glasses

a) for reading or b) for distance vision?

If yes, please explain:

4. Motor:

What age did your child start:

Crawling: _____

Walking: _____

Skipping: _____

5. Social:

Indicate with a X the most appropriate answer.

Feeling or Behaviour	Almost Always	Sometimes	Never
Separates easily from parent/caregiver			
Has temper tantrums			
Is easily frustrated and cries often			
Plays well with other children (e.g. takes turns and shares)			
Likes to be with other people			

3. HEALTH

1. Has your child had any serious illness, significant allergies, surgery or a major accident? Yes/No

If yes, please explain:

2. Is your child regularly taking medication or receiving frequent medical treatment? Yes/No

If yes, please explain:

4. ROUTINES

Toilet-training Information:

- Is your child toilet-trained in the day? Please circle.

Always Most of the time Occasional accidents Not yet toilet trained

5. SUMMARY

- Is there any other information you would like to share relevant to your child?

- What do you expect your child to accomplish this year?
