

### Orientation Questionnaire

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

*The following questions are designed to give your child's teacher a better understanding of your child. (Use additional paper if necessary)*

1. How did you learn about our school?
2. Has your child been in a daycare/ preschool situation before?  
Where? When?

Was it a positive experience for the child? If not, please explain.

3. Do mother and/or father work outside of the home? How many hours a week?

Who has been caring for the child until this time?  
Has this been a positive experience for the child? If not, please explain.

4. Who else is living in the home?

Name	Relationship to Child	Sex	Age
A _____	_____	_____	_____
B _____	_____	_____	_____
C _____	_____	_____	_____
D _____	_____	_____	_____
E _____	_____	_____	_____
F _____	_____	_____	_____

5. Is another child expected to join the family within the year?
6. With whom does your child mainly play? (i.e., siblings, neighbors, play groups)
7. How does your child interact with others? Is he/she more outgoing or shy? How quickly does he/she get use to new place or people?

8. Do you consider your child to be independent or dependent for his/her age?  
In what ways?
  
9. Have there been any occurrences in your child's life of which we should be aware (i.e. accidents, hospitalizations, operations, serious illnesses, moves, losses, etc)?
  
10. Does your child have a medical condition, physical condition, or developmental delay of which we should be aware? If so, is he/she receiving any treatment?
  
11. Is your child taking any continual medication? If so, what is its name and purpose?
  
12. At what age did your child roll over?  
At what age did your child crawl?  
At what age did your child walk?  
At what age did your child talk?
  
13. Does your child use a bottle?\_\_\_\_\_ cup?\_\_\_\_\_ pacifier?\_\_\_\_\_
  
14. Where are you at in your child's potty training process? Is your child toilet trained?  
Not at all \_\_\_\_\_ Partially \_\_\_\_\_ Completely \_\_\_\_\_
  
15. What are your child's sleep habits? Does he/she go to bed willingly, or resist?
  
16. Does your child nap? Daily\_\_\_\_\_ Rarely\_\_\_\_\_ Never\_\_\_\_\_  
If so, how long?  
Does your child have a regular bedtime? If so, what time?
  
17. Occasionally, on special days or holidays, we may watch a movie at the Center. Does your child watch television at home? Do you supervise the television program selection? What are your thoughts on "screen time"?
  
18. What does your child enjoy most about learning?
  
19. What special interests does your child have?
  
20. Does your child have any special fears?
  
21. If discipline problems come up with your children, how do you handle it?

22. What questions do you have regarding your child's classroom activities or general development?
23. What are your expectations for your child this school year?
24. Do you celebrate special tradition you would like to share with the class in the future?
25. We believe that it is important for parents to be informed of what's going on at the Center. We would like you to see us as an extension of your family, and share with you any progress or concerns we may have. How do you feel about that? What sort of family-school relationship are you looking for?
26. What is the best means to communicate with you? (e.g. email, phone, text, in person)