Family Questionnaire
Due DATE: February 8, 2019

St. MARGARET MARY
SCHOOL COMMUNITY
7813 Shelbyville Road,
Louisville, KY 40222
(502)426-2635 Ext. 0
school@stmm.org

Parent Name_____

Home Phone_____

Cell Phone_____

Email Address_____

Child's Name _____ Birth Date _____

☐ Boy ☐ Girl Nickname _____ Primary Language_____

Parent(s) Name(s) _____

The Pre-school my child attends: _____

Siblings_____ Age_____

_____ Age_____

_____ Age_____

_____ Age_____

Who completed this form?_____

Relationship to child_____ Date_____

1. My child uses:

_____Crayons _____Pencil _____Refrigerator
_____Glue _____Blocks _____Computer
_____Scissors _____Bicycle _____Microwave
_____Finger paint _____Telephone _____Handheld video games
_____TV

2. When school is not in session, my child is:

_____At home with a caretaker
_____At a Daycare Please list Provider_____
_____Other

3. The things my child does that please me the most are_____

_____

4. The things my child does (or does not do) that concern me the most are_____

_____

5. My child prefers the following toys and activities_____

_____

6. The activities my child and I do together are_____

7. The form of discipline is used for negative/positive behavior_____

_____

1. I give my child medication for_____

_____

2. My child has the following medical problems _____

_____

3. My child is allergic to_____

_____

4. When my child is given a pencil, pen, or crayon, he/she will_____

_____

5. When I leave my child for a short time or with a sitter, he/she will_____

_____

6. When my child and I look at books, he/she will_____

_____

7. When I call my child from an activity, he/she will_____

_____

8. My child:
   - _____Generally sleeps through the night in his/her own bed
   - _____Frequently sleeps in our room
   - _____Frequently wakes up

9. My child sleeps:
   - _____Less than most children
   - _____More than most children
   - _____Average compared to most children

10. My child is:
    _____Independent
    _____Dependent for his/her age

11. My child is:
    _____Right Handed
    _____Left Handed
    _____Undecided

Please check the following that apply from the list:

My child:

_____Is able to accept limits
_____Easily smiles, giggles, or laughs
_____Awakens easily
_____Plays with other children
_____Separates from me easily
_____Plays well in a group
_____Often takes a nap
_____Has unclear or garbled speech
_____Has difficulty expressing wants
_____Uses complete sentences
_____Needs instructions repeated often
_____Helps with household chores
_____Takes care of own toileting needs
_____Has difficulty dressing him/herself
_____Is easily distracted
_____Darts from one task to another
_____Persists when asked to stop
_____Attends to task for a reasonable period of time
_____Seems to understand directions
_____Acts much younger than his/her peers
_____Seeks much younger friends
_____Has difficulty using pencils, crayons, or scissors
_____Is able to button
_____Is able to zip
_____Has difficulty with hand/eye coordination
_____Has poor control of body
_____Asks people to repeat or talk louder
_____Favors one ear over the other
_____Is startled at sudden noises
_____Has earaches
_____Speaks loudly
_____Watches a person's face when that person talks
_____Squints
_____Sits too close to the TV
_____Holds a book very close to his/her face
_____Blinks a lot
_____Rubs his/her eyes
_____Asks for adult help when needed

Please share any further information that has not been addressed_____

_____

_____

Has your child ever received any special services?

_____Speech articulation
_____Speech language development
_____Occupational Therapy
_____First Steps
_____Physical Therapy
_____Treatment for medical conditions (eg. Seizures, hearing, vision, neurological)
_____Other

Please describe:

_____

_____

_____

Is a written report available? If so, please provide._____

_____

_____

Has your child ever been assessed OR is in the process of being assessed for any special services or concerns? If so, please describe. _____

_____

_____

I give my permission to personnel at St. Margaret Mary School to contact my child's Pre-school Teacher/ Childcare Provider for further information.

_____

Parent's Signature Date