

An educational ministry of the Daughters of Our Lady of the Garden since 1972

## PARENT QUESTIONNAIRE REGARDING YOUR CHILD

This questionnaire has been planned to help the teachers coordinate home and school activities. All your answers will be treated as confidential.

ime of Child:		Birthdate:		_\\					
What time does your child get up on school d	ays?								
Does he/she dress himself/herself?		Yes		No					
What does your child do before coming to school?									
Is there much confusion before coming to school?				No					
Does he/she seem to want to go to school?	Yes		No						
Does your child have a good appetite?	Yes		No						
How are your child's table manners?									
Does he/she wait to be excused from the dinner table?				No					
What does he/she usually do after dinner?									
At what time does your child go to bed?									
Does he/she go to bed alone?	Yes		No						
Does he/she have his/her own room?		Yes		No					
Does your child like to be read to at bedtime?				No					
Does he/she wake up during the night?		Yes		No					
Does your child have any special fears?		Yes		No					
If ves explain:									

Are yo	u consistent w	vith correction,	that is, letting	your child get away wi	th something at
time, t	then correcting	g him/her at and	other time for	the same behavior?	
				Yes	No
How d	loes he/she rea	act to correction	n?		
Does y o o	our child enga Computer Cell phone	ige in technolog	y in any way (	Check all that apply)  O Video games O Tablet/Pad	5
Circle	the words belo	ow that best de	scribe your chi	ld:	
	happy	friendly	carefree	cooperative	obedient
	calm	quiet	bright	average	slow
	athletic	affectionate	clingy	lonely	shy
	fearful	immature	clumsy	nervous	excitable
	worrier	hyperactive	aggressive	destructive	initiator
1 2	·				
		oncerns that yo			
Signat	ure of Parent o	or Guardian:		Date	e://