



PRESCHOOL PROGRAM
Community Peer Questionnaire

Child's Name: _____ Gender: Male Female Birthdate: _____

Parent(s) Name(s): _____ Address: _____

Neighborhood School: _____ City/Zip Code: _____

Phone Number: _____ Email: _____

I understand that I am responsible for transportation to and from school. _____ (Initial)

I understand that my child's attendance must meet specified requirements (see attached Attendance Contract). _____ (Initial)

Do you have a session preference? AM (9:00 – 11:30 am) PM (12:55 – 3:25 pm) Either

[Please note: We cannot guarantee that your preference will be available.]

If you have concerns about your child's development and would like to complete a special education referral, please contact Rana Mahmassani at 425-356-1277.

Has your child had previous preschool experience? Yes No

Can your child follow simple adult directions independently? Yes No Sometimes

Can your child sit and attend to a story or activity for 10 minutes? Yes No Sometimes

Is your child toilet-trained? Yes No Will he/she tell an adult if they need to use the bathroom? Yes No

Does your child play with other children? Yes No Sometimes

What do you consider to be your child's greatest strengths?

How does your child react when it is time to stop an activity, when there is a change in routine, or when they are told "no"?

Please describe how your child handles frustration.

{Over}

What kind of small motor activities (coloring, cutting, using play dough, etc.) is your child able to do?

How does your child get along with other children?

What is the primary language spoken at home? _____

About how many words does your child typically use in a sentence? _____

Does your child respond appropriately to yes/no questions? Yes No Sometimes

Is your child able to speak in clear sentences? Yes No Sometimes

Does your child have any allergies and/or health concerns? No Yes - Specify: _____

Is your child able to use playground equipment (swings, slides, climbingtoys) independently? Yes No

Behavior Characteristics & Temperament

Please circle the words that are most descriptive of your child (you may also add your own).

affectionate aggressive anxious bossy confident creative cries easily easily frustrated
easy going explosive flexible friendly happy impulsive inquisitive nervous
patient perfectionist sensitive shy stubborn talkative thoughtful timid withdrawn

Additional Information

What activities does your child enjoy at home and outside of the house?
