**Parent Questionnaire**

**We at the MSOE want to know how we can best serve your child. This information will help us to become better acquainted with him (or) her, please complete this form. We would like to thank you in advance for providing this useful information.**

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| 1. | By what name do you usually call your child? |
| 2. | Who else lives in the home with your child?  **(Ex. Aunt, Siblings. Etc.)** |
| 3. | What is your cultural background? |
| s | What language is spoken at home?  **(if other than English)** |
| 5. | Has your child attended any other childcare centers before, if so, where and was the experience enjoyable? |
| 6. | Is there any area in which you anticipate difficulty for your child?  **(Ex. Sharing, following directions, etc.)** |
| 7. | What seems to work best for you if your child is having a difficult time?  (For **infants** what do you do to comfort your child when he/she is fussy? |
| 8. | What are some activities you do with your child? |
| 9. | Does your child have any fears? **(Ex. clowns, masks, etc.)** |
| 10. | Is your child involved with any activities outside of school? If so what? |
| 11. | What types of books does your child enjoy and does your child like to read as well? |
| 12. | Are you able to read to your child as often? ( )Yes ( )No |
| 13. | Were there any complications during your pregnancy? |
| 14. | Was he/she born on time? ( ) Yes ( ) No How many weeks? |
| 15. | At what age did your child: Crawl? Walk? Talk? |
| 16. | Is your child potty trained? |
| 17. | Do you have any developmental concerns about your child/referrals to agencies? |
| 18. | What other information would you like us to know about your child? |
| 19. | Are there any nutritional needs that must be met with your child? |
| 20. | Would you like to volunteer at MSOE? |
| 21. | Any resources that YOU need help with? CIRCLE ONE- Insurance, Family Literacy, Job Training, Adult Education, College, Parenting, Housing, Mental Health, GED **if yes please see an Administrator for a Referral Form.** |
| 22. | What is the name of your Health Insurance Company? |

**Parent/ Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank You for taking the time out to fill out this questionnaire.**