



LE JARDIN ACADEMY
QUESTIONNAIRE FOR SCHOOL ENTRY AT THE JUNIOR SCHOOL

Please answer these questions in the best way you can. This information is confidential and will be used by the teachers to get to know your child better.

Child's Name _____ Date of Birth _____ Age _____

With whom does the child reside? _____

How long has the family lived at the current address? _____

Siblings (please list from oldest to youngest):

	Name	Brother/Sister	Age	School Attending
1.	_____			
2.	_____			
3.	_____			

Does anyone else live with the family? _____ Relationship _____

What languages are spoken at home? _____

SOCIAL AND BEHAVIORAL DEVELOPMENT

What kind of child care setting has your child experienced in the past 12 months?

Is your child toilet-trained? (requirement to attend our preschool program) _____

Does your child know how to use the bathroom facilities independently? _____

Does your child have a regular bedtime? _____

Are there any problems getting your child to go to bed at night? _____

Does your child know how to blow his/her nose independently? _____

Describe your child's temperament. _____

Is your child overly cautious or have special fears? (please be specific) _____

How does your child handle new situations? _____

Does your child enjoy playing with other children? _____

Is your child able to play by himself/herself? _____

When it comes to meeting new children and making friends, is your child:

_____ somewhat shy and slow to make new friends

_____ about average in willingness to make new friends

_____ very outgoing and makes new friends easily

Does your child accept discipline and limits? _____

Has your child been exposed to crayons, books, scissors, clay, etc.? _____

Do you read to your child? _____ How often? _____

Are there any comments you would like to add regarding your child's strengths, needs or special interests? Do you have any concerns or hopes for your child that you would like to share? _____

HEALTH INFORMATION

Would you categorize your child's health in general as:

_____ Excellent _____ very good _____ good _____ fair _____ poor

Is your child limited in the kind or amount of activities that most children can do because of an impairment or health problem? _____

How much did your child weigh at birth? _____ lbs. _____ oz. Was your child full term? _____

Were there any complications? _____

Does your child seem to have difficulty hearing? _____

How often has your child had ear infections since birth? _____

At what age did your child first begin to speak? Words: ____yr/____mo Phrases: ____yr/____mo

Do you have any concerns about your child's speech? _____

Are there any other health concerns we should know about? _____
