



PARENTS QUESTIONNAIRE

Please answer honestly by checking the appropriate boxes and filling on the blanks after each item. Please put n/a for questions that are not applicable to your child. All information will be kept strictly confidential and will only be used for the school records and purposes.

Name of Child _____

Age _____

Chinese Name of Child _____

Date _____

I. Personal Background of the Child

Physical Development

Age your child started walking: _____

Self-help Skills

Is your child potty trained? yes no Age your child was potty trained: _____

Does your child gargle and spit when brushing his/her teeth? yes no

Can your child dress-up independently? yes no

Can your child undress independently? yes no

Socio-emotional Development

Does your child experience the following:

separation anxiety yes no

stranger anxiety yes no

stage fright yes no

frequent tantrums yes no

Has your child experienced any psychological/emotional traumas? yes no

If yes, please indicate age of child and nature of trauma/s _____

Feeding Habits

Does your child eat independently? yes no Fed by an adult? yes no

What does your child's diet usually consist of?

Mostly solids

mostly liquids

both

Can your child chew solid foods? yes no

Does your child follow a regular eating schedule? yes no

How many times in a day? _____

Is your child weaned from the feeding bottle? yes no Age weaned: _____

Sleeping Habits

Does your child sleep independently in his/her own room? yes no

Does your child follow a regular sleeping schedule/pattern? yes no

Does your child take naps? yes no

morning

afternoon

both

Does your child frequently experience nightmares? yes no

Does your child frequently bed-wet at night? yes no

Communication Skills

How does your child usually communicate?

mostly verbal

mostly non-verbal

both verbal & non-verbal

Languages/dialects spoken _____

Languages/dialects understood _____

What language is mostly used by your child? _____

Age your child started to talk using understandable phrases: _____

Does your child baby talk? yes no

II. Family Background

Are both parents living with the child? yes no

Who is the primary caregiver of the child? (pls. indicate relation to child)

Who is the immediate caregiver of the child? (pls. indicate relation to child)

Other people influential to the child other than immediate family members:

Form/s of discipline implemented to the child: _____

III. Educational Background

Has the child experienced previous schooling/daycare services? yes no

Where & When: _____

Does your child follow a regular study schedule? yes no

Target Big School/s: _____

In fulfillment of our goal of a strong family-school partnership, we would like to know if you are willing to be involved in the school's Community of Practice. These are parents who will be the representatives of their child's class and they will be helping the Milestone teachers in planning, organizing and implementing school events and improvements for the benefit of the students. Please check the appropriate box below if you are willing to be a parent-representative. Thank you!

yes no

"Your partner in helping your child achieve milestones."