

Preschool Developmental Parent/Guardian Questionnaire

2024-2025

Child's Name _____

Date of Birth _____

Is this your child's first school experience? If not, where has your child gone to school?

What is your child's primary language? _____

What are your child's greatest strengths? _____

What are you child's greatest challenges? _____

What time does your child usually go to bed? _____

Does your child dress him/herself? _____

Is your child potty trained (no accidents within the last 30 days?) _____



SVCS Preschool Developmental Form Parent/Guardian Questionnaire (Cont'd)

Do you read to your child? What are his/her preferences (fairy tales, animal stories, etc.)?

Does your child have playmates? What are their favorite things/games to play?

Please describe your family, does your child have siblings and/or pets?

Is there anything else you would like for us to know about your child?

Parent/Guardian completing form print name, sign, and date below.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date completed: _____

Please submit to the Director of Admissions and Enrollment/Preschool Director:

Mrs. Mary Jo Smith
mjsmith@stveronicaschool.org
703-773-2020