



Student Questionnaire 2017-18

Please complete and return to the CEC office by May 15

11220 Nuckols Road · Glen Allen, VA 23059 · (804) 935-0162 · dlee@mvmvbcnow.org

We **MUST** have this completed form on file before your child can begin class.

Child's Name: _____

Names and ages of Siblings: _____

Is your child able to wear underwear (not pull-ups or diapers) for extended periods of time (2-3 hours) without having accidents or being reminded to use the toilet? yes no

Is your child able to communicate with someone other than a parent when he/she needs to use the toilet? Yes No

If yes, how does your child communicate his/her toileting needs? _____

Can your child independently take care of all of his/her toileting needs?

 All of the time Some of the time Not at all

Please list all previous preschool and/or daycares your child has attended: _____

Please list all experiences your child has had interacting with children outside of family (ex, church nursery, preschool, mother's morning out etc.): _____

Please list all experiences your child has had being separated from his/her parents: _____

Please list **ALL** medical conditions affecting your child: _____

Was your child born prematurely? _____ If so, how many months? _____

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

Has your child ever been evaluated by any of the following:

Developmental Pediatrician

Speech Therapist

Occupational Therapist

Other

Physical Therapist

Is your child currently receiving services for a developmental delay? Yes No

If so, please list the services he/she is receiving. _____

Please complete both sides.

5/25/17

How do you discipline your child? _____
How does your child react to this form of discipline? _____
How does your child relate to authority figures? _____
How does your child handle disappointment? _____
Does your child have any specific fears or phobias? _____
What are your child's interests/favorite activities at home? _____

What frustrates your child or makes him/her angry? _____
How do you comfort your child? _____
Is there anything out of the ordinary that might help us in understanding and working with your child more effectively?
(i.e. habits/behaviors, adoption, new baby, divorce, death, new step parent, etc)

Is English the primary language spoken in your home? _____
If not, what is the primary language spoken in your home? _____
On a scale of 1-10, with 10 being excellent, how well does your child understand the English language? _____

Based on your child's needs and your expectations of preschool, please rank (1 through 4, using each number only once) the following areas in order of importance. 1 is the most important area in which you would like to see your child grow.

_____ Academic Development
_____ Spiritual Development
_____ Physical Development
_____ Social Development

Is there any other information/concerns regarding your child that would help us to provide the very best preschool experience for your child? _____

Is your family affiliated with a church in our area? _____ If not, would you like information about the ministries at Mount Vernon? _____

How did you hear about CEC? _____