



NS ECEC Child Questionnaire

Child's Name:

Date:

Classroom:

Teacher:

Parent/Guardian's Name:

Who does your child live with (list all adults and children as well as their relationship to the child and what the child refers to each person as so we can become familiar with the important people in your child's life)?

Does your child have a nickname? If so, what is it?

Is your child friends with anyone at the ECEC already? If so, who?

Tell us about your child:

What is your child currently interested in?

Does your child typically nap each day? If so, describe the process, length of nap and any other helpful information pertaining to resting?

Is your child potty trained? If not, describe the status of this stage of development.

What are your child's eating habits?

Does your child have any allergies?

What comforts your child when they are upset?

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Has your child's developmental progress ever been assessed (Child Find/CCSD, Educational Psychologist, etc.)? If so, what were the outcomes?

Does your child have any diagnosed disabilities or developmental delays? If so, please elaborate so we can best support him or her and you as a whole family.

Do you have any concerns about your child's development or meeting developmental milestones at this time? If so, please share any details regarding your concerns so we can support you and your family?

What are your child's fears?

Who will primarily be picking up your child?

If there anyone not authorized to pick up your child, please see an administrator to document.

What is your child currently interested in?

What are your good-bye rituals?

What are you, as your child's first teacher, most excited about him or her experiencing or learning while enrolled in the ECEC?

Is there anything else you would like to share about your child or your family?