

Chandler Jewish Preschool Orientation Questionnaire

The following information will be reviewed by the teacher. Certain issues may require further discussion with the teacher. Please note: This is a standard questionnaire given to all students' ages two to five; please omit any inapplicable questions.

Child's Name: _____ Is your child called by any other name? _____

Amount of siblings: _____ Brothers _____ Sisters _____

Place of child in family: Child is _____ from oldest.

Is your child toilet trained? _____

Please state your toilet training plan (time frame, technique) _____

Does your child have a bottle? Pacifier? _____ Special blanket or toy? _____

Does your child take a nap during the day? _____ What time and for how long? _____

What time does your child go to sleep at night? _____

How would you describe your child's eating habits? _____

Does your child have any allergies? _____

If so, what symptoms occur if your child comes in contact with the above? _____

What is the treatment for this allergy? _____

If your child should experience separation anxiety, how would you prefer us to handle it? _____

Is there any activity that your child particularly likes or dislikes? _____

Does your child have any severe fears? (Such as of dark, loud noises, etc) _____

Is there any other information regarding your child that the teachers should be aware of? _____

What are your goals/ expectations for your child in preschool? _____

