

**MARTHA'S VINEYARD PUBLIC SCHOOLS
EARLY LEARNING DEPARTMENT
PARENT QUESTIONNAIRE**

Date received: _____

Child's Name: (First, Middle, Last) _____

Nickname: _____ Town: _____

Date of Birth: _____ Gender: _____

Parent(s): _____

Phone: (H) _____ (C) _____

Mailing Address: _____

Email: _____

Race: _____ Ethnicity: _____ First Language: _____

Place of Birth: _____

CHILD'S FAMILY

Who lives in the home with this child?

<u>Name</u>	<u>Age</u>	<u>Relation to child</u>
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If parents are not living together, how often does the child see each parent?

Mother _____ Father _____

CHILD CARE/SCHOOL HISTORY

Name of preschool/childcare attended: _____

Current Schedule: Days: _____ Times: _____

Years attended: _____ Average group size: _____

EARLY GROWTH AND HEALTH

Child's birth weight: _____ lbs _____ oz Length of Labor: _____

Was Child Premature? _____ How many weeks early? _____

Special problems or complications during pregnancy or delivery? _____

Special care for mother or infant at birth? _____

Have there ever been concerns about your child's height, weight or growth? _____

Age at which your child was able to do the following:

Say First Words _____ Sit alone _____ Walk up/down stairs _____

Feed self completely _____ Walk alone _____ Two word combinations _____

Has your child had any chronic or serious illnesses, health conditions, or serious accidents? _____ If yes, please explain _____

Number of ear infections, if any, and when: _____

Describe any current ear problems, if any: _____

Have any of the following ever been checked? If so, when? What was the result?

Lead Level _____ Hearing _____

Vision _____ Teeth _____

Has your child ever had any trouble seeing or hearing? _____

Have you ever had any serious questions or concerns about your child's behavior, emotional, or mental health? _____ If yes, please explain _____

Is there a family history of learning difficulties, speech or language problems, inherited illness or conditions: _____ If yes, please explain _____

Child's Doctor: _____ Last Visit date: _____

Reason for visit _____

Your child's general state of health: Excellent ___ Good ___ Fair ___ Poor ___

Release of Information request:

I (we) give permission for the MV Early Learning Department to share/receive information with _____ (doctor) for _____ (child).

Parent signature

Date

**PRESENT DEVELOPMENT
PLAY**

What are your child's favorite activities when playing indoors? _____

What are your child's favorite outdoor activities? _____

Check all that apply which describe your child's play and behavior at home and/or in a preschool or child care setting:

- Plays easily with a group of 3 or more friends _____
- Prefers to play with one friend at a time _____
- Prefers to play alone most of the time _____
- Needs close supervision most of the time _____
- Prefers outdoor, active play _____
- Prefers indoor, quiet activities _____
- Needs little supervision at play _____
- Enjoys planned activities with an adult _____
- Makes choices of activities _____
- Can finish play and clean up with reminders _____
- Follows and learns daily routines well _____

BEHAVIOR, PERSONALITY AND SOCIAL SKILLS

Check all that apply to your child:

- | | |
|----------------------------|------------------------------------|
| Friendly _____ | Cooperative _____ |
| Easily Angered _____ | Extremely quiet _____ |
| Independent _____ | A daydreamer _____ |
| Fearful _____ | Clumsy _____ |
| Short attention _____ | Shy _____ |
| Easy going _____ | Easily upset _____ |
| Cries easily _____ | Stubborn _____ |
| Difficult to handle _____ | Outgoing _____ |
| Overactive _____ | Often hurts self _____ |
| Unexplained tantrums _____ | Separates easily from parent _____ |
| Other (describe) _____ | |

How does your child usually handle conflicts with other children? _____

How does your child usually express anger or frustration? _____

HOME LIFE

Describe your child's eating habits, likes, dislikes, etc. and describe any eating related difficulties. _____

What are your child's current sleeping habits? Naps? Any difficulties getting to sleep or staying asleep? Wetting? Nightmares? _____

Does your child enjoy being read to? ____ Amount of time spent reading _____

Favorite books _____

Does your child watch TV; videos? ____ Amount of time watched daily _____

Favorite shows, videos _____

Activities you and your child enjoy doing together _____

What is the best way to help your child when he/she is sad, frightened, or otherwise upset? _____

What approach to discipline is most helpful to your child to encourage and support positive behavior and coping? _____

What is the best way to handle your child when he/she is misbehaving? _____

SELF CARE SKILLS

Describe your child's current level of skill in each of these areas:

Dressing: (choosing/matching clothing, zipping, buttoning, snapping, shoes and socks, etc. – how much help is needed)

Personal Hygiene: (tooth brushing, washing, bathing, hair care, etc)

Eating: (use of utensils, preparation of simple foods, pouring, etc.)

Toileting: (independence level, night wetting, accidents)

MOTOR DEVELOPMENT

Check any item that your child does consistently

(gross motor)

Runs well, seldom falls _____

Kicks a ball forward _____

Has good balance and coordination _____

Makes broad running jumps _____

Swings self on swing, pumping by self _____

Walks up/down stairs alone _____

Stands on one foot without support briefly _____

Uses pedals on a tricycle or bike _____

Hops on one foot _____

(fine motor)

Draws a person with at least 3 body parts _____

Uses a drawing tool to make controlled marks _____

Draws recognizable pictures _____

Cuts or snips with scissors _____

Builds or creates things with small items _____

e.g. legos, beads, blocks _____

LANGUAGE DEVELOPMENT

Check any which apply to your child now

Speaks clearly most of the time _____

Has difficulty with some speech sounds _____

Often is difficult to understand _____

Talks in long sentences and paragraphs _____

Usually talks in short sentences (2-4 words) _____

Understands most directions and conversations _____

Needs directions given one at a time _____

Seems confused or needs things repeated _____

Can talk about things that have happened to him/her _____

People outside our family don't seem to understand _____

what he/she is saying _____

Sometimes misinterprets what is said _____

Remembers favorite stories and can tell general idea _____

Sings short songs or says nursery rhymes _____

Tells about his/her feelings, e.g. happy, sad, mad _____

I have concerns about my child's speech or language	Yes ___	No ___
I have concerns about my child's hearing	Yes ___	No ___
I have concerns about my child's vision	Yes ___	No ___
I have concerns about my child's learning	Yes ___	No ___

Please return questionnaire to:
Early Learning Department 4 Pine Street, Vineyard Haven, MA 02568
(508) 693-2007 ext 26