

**Student Survey
For The Classroom Teacher**

Child's Name: _____ Birthdate: _____

Mailing Address: _____

Phone Number: _____ E-mail address: _____

Who takes care of your child besides the parents?

Please list your child's preschool or day care experience:

Name of facility	starting date/ending date

Give any helpful information about daily routines (naps, etc.)

Please list five adjectives which describe your child:

How would you describe your child's personality:

Please list three activities your child enjoys:

List any fears your child may have (ie, thunder, the dark, characters):

Do you have any concerns about your child? Please state any special services (ie. Speech, OT, PT, etc.) that your child is currently receiving? _____

(Over)

Has the child undergone any medical treatment or surgery within the year? (allergies, etc., please explain) _____

What expectations/goals do you have for your child in sending him/her to ABC Learning Center? _____

In the space below, please provide any additional information you may want to share with his/her teacher: _____

Parent Signature: _____ Date: _____