

K-2 Student Questionnaire

Child's Name: _____

1. Does your child go by a nickname? If so what is it _____
2. Does your child have any siblings? If so please list here:

3. If your child is a boy; when going to the potty does he sit or stand to tinkle?
(Knowing their preference with help us with the potty process in the classroom)

4. Are there any pets in your home? If so please list what type and name

5. What are special things your child really enjoys with you?

6. What things are particularly interesting to your child? (trains, planes, dolls, etc)

7. Is your child noise sensitive? _____
8. Is there anything else you think we should know about your child?

9. What do you hope will be the major outcomes of your child's school experience this
year? _____

10. Does your child have any specific fears? _____

11. What is your child's favorite snack? _____
12. What is your child's favorite color? _____
13. Additional Comments: _____

