

Family Questionnaire

Child's Name _____ Class _____

1. What do you hope your child will gain from this school year?

2. Does he/she have any fears?

3. Does your child like to play outdoors often? _____
What does he/she like to do outside?

4. What places has your child enjoyed visiting?

5. Would you tell us about your family – siblings, other people living in your household, pets, etc.

6. Has your child had any serious illnesses or injuries?

7. What things can your child do for his/her self?

8. What are your child's favorites (color, food, book, toy, game, activity, etc.)?
