Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Help Us Get to Know You**

**Parent Interview:**

1. What are your goals for your child at Sunshine?

2. Is this your child's first experience as part of a group with his/her peers?

3. What previous formal learning experience has your child had? Preschool Religious Education Other

4. How well does He/she get along with others?

5. Are his/her playmates typically girls\_\_\_\_\_\_ boys\_\_\_\_\_\_\_ younger\_\_\_\_\_\_\_ older\_\_\_\_\_\_ none\_\_\_\_\_\_\_

6. Does he/she have any pets? \_\_\_\_\_\_\_ Type of pet(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Does he/she accept new people easily?

8. What are your child's fears?

9. What kind of activities do you and your child like to do together?

10. What are your child's "best" and "worst" times of the day?

11. What is your child's preference? Left\_\_\_\_\_\_\_\_\_\_ Right\_\_\_\_\_\_\_\_\_\_\_ Not sure\_\_\_\_\_\_\_\_\_\_\_\_

12. Does your child have any food allergies? Other allergies?

13. What is your child's usual bedtime? \_\_\_\_\_\_\_\_ what time does he/she wake up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. What is your child's attitude toward taking a nap?

15. How does he/she express the need to urinate \_\_\_\_\_\_\_\_\_\_\_\_ have a bowel movement\_\_\_\_\_\_\_\_\_\_\_\_

16. Special interests of your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Is he/she usually happy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, any nervous habits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

18. Does your child receive any special services from the school district, AEA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Use 5 words to describe your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Any information you believe will be helpful to us in working with your child?

**Child Interview**

1. Tell us your friend's names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What do you like to do when you first wake up in the morning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What do you like to eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What's the name of your favorite book? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you have any brothers/sisters/pets? Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_