

# LORAIN COUNTY COMMUNITY COLLEGE CHILDREN'S LEARNING CENTER

## PARENT QUESTIONNAIRE

Your answers to these questions will help us to understand your child and allow you to share any concerns you may have. This information will remain confidential and shared only with the staff involved with your child.

Child's Name:	Date:
Language(s) spoken by parent:	Language(s) spoken by child:
1. Three words that best describe your child?	2. Has your child had any other childcare experience? Please explain.
3. Have there been any recent major changes in your child's life we should know about?	4. In general, how does your child react to anxiety or stressful situations?
5. What activities does your child enjoy most?	6. Does your child use the toilet on his/her own? Do they need any assistance?
7. a) List the people your child lives with? If <b>more than one home</b> please indicate:  b) Is there custody arrangements or issues (if so, provide paperwork):	
8. What are your expectations for your child this year (i.e. development of academic/social skills, make friends, separation)?	
9. Will your child be attending kindergarten next fall?  School district you reside in?	
10. Does your child have any special needs, a development delay, involved with Help Me Grow? If your child has an IEP or ISFP please provide us with the most current copy.	
<p>Please check if any of the following statements apply to your child or are of concern:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Health problems, growth, height, or weight problems</li> <li><input type="checkbox"/> Eating problems-----eats poorly or too much, etc.</li> <li><input type="checkbox"/> Bowel and bladder problems, toilet training</li> <li><input type="checkbox"/> Sleep problems</li> <li><input type="checkbox"/> Energy problems; appears to be tired and sluggish or overactive</li> <li><input type="checkbox"/> Seems to have problems seeing or hearing</li> <li><input type="checkbox"/> Does not pay attention; poor listener</li> <li><input type="checkbox"/> Speech is difficult to understand (age 3 and older)</li> <li><input type="checkbox"/> Does not seem to understand well, is slow to catch on</li> <li><input type="checkbox"/> Clumsy; walks or runs poorly, stumbles or falls (age 2 and older)</li> <li><input type="checkbox"/> Immature acts much younger than age</li> <li><input type="checkbox"/> Dependent and clingy</li> <li><input type="checkbox"/> Overly Aggressive</li> <li><input type="checkbox"/> Seldom plays with other children, can be timid, fearful, worries a lot</li> </ul> <p><b>Can we assist you with support or information with the concern you indicate above? If so, how do you want us to contact you?</b></p>	

Date reviewed \_\_\_\_\_

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Parents are a child's first teachers. We would genuinely benefit from any support or volunteering from you. This can be implemented in various ways. Please take the time fill out this questionnaire to let us know how you would be able to participate. Your time and effort will be deeply appreciated and is important in building the home /school relationship.

Child's Name:	Date:
Parent's Name:	Occupations:
<p>Would you be interested in being a part of a Parent Organization group? Indicate days/ times you would be available for meetings:</p> <p style="text-align: center;"> <input type="checkbox"/> M    <input type="checkbox"/> T    <input type="checkbox"/> W    <input type="checkbox"/> R    <input type="checkbox"/> F         </p> <p style="text-align: center;"> <input type="checkbox"/> Morning    <input type="checkbox"/> Afternoon    <input type="checkbox"/> Early Evening         </p>	
Hobbies or special interest that you are willing to share:	

**Please check any of the following you would be willing/ able to do:**

- I would like to come in and read a story to the children
- I would like to come in and do a project (art, cooking, science, etc.) with the children
- I would like to make items for the classroom (snack, decorations, flannel stories, etc.)
- I would be willing to cut out things, color, or laminate for the class
- I would be willing to make other items for the classroom (playdough, projects)
- I would like to share my occupation or special interest with the children
- I would like to help out with class parties and other special activities
- I would be willing to cut and package Campbell's labels for education, box tops for education for redemption
- I would be willing to help out with small projects around the center (spreading mulch, weeding, gardening, etc.)
- Other ways to be involved – please share your ideas/activities \_\_\_\_\_

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Date reviewed \_\_\_\_\_