Early Childhood Parent Questionnaire
Early Years, Kindergarten, and Grade 1

As every child exhibits developmental differences when encountering new situations, we ask that you complete the following questionnaire, including as many details as possible.

Applicant’s Name: __________________________________ Applying for Grade: ________________________

1. Has your child attended school before? What was the nature (length of day, days per week, developmental/academic emphasis, number of children in class) of the program?

2. How does your child adapt to new situations? Please indicate on the scale below with an X. If you have other comments or suggestions on how to facilitate an easy transition, please outline them below.

   Smooth Transition          Moderate Transition          Anxious Transition

3. Describe your child’s language development, communication with peers, and communication with adults. As the closest observer of your child, is there anything specific about his/her communication style that you would like us to be aware of?
4. Describe your child's social development. Does he/she make friends easily? Does he/she need more time to feel comfortable with peers in a school/social situation? Does he/she prefer to work independently?

5. Describe your child's personal interests, imagination and creativity.

6. If you have any further information about your child that you feel is important for us to know (i.e., what makes your child joyful or fearful, medical issues, etc.) please explain below.

7. If your child is applying for Early Years, at what stage is his/her toilet training?

Date __/__/______  Parent/Guardian's Signature __________________________________________________________

Please forward this form to:
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