

Questions about your child:

Has your child attended a Daycare or Nursery School?: _____

If yes, name of school and dates attended: _____

Has your child received Early Intervention Services?: _____

Does your child require before and/or aftercare services? Yes No

Do you have concerns about your child's development?: yes no

If yes, please describe areas of concerns: _____

Does your child have any medical needs?: _____

Is he/she toilet trained? Yes No Somewhat

Unfamiliar people (check one) Can understand my child Cannot understand my child

Describe your child's interests and activities: _____

Does your child identify letters? Yes No Very Few

Does your child play with children his/her age? yes no

What are your goals and expectations for your child's early childhood education?

Identify 3 strengths of your child. _____

Identify any areas which you have some concern about for your child.

Preschool Home Language Survey

Parent/Guardian Questionnaire

PLEASE PRINT

Child's name: _____ Date of birth: _____
(first) (middle) (last)

Date of school entrance: _____

Person completing the survey: Mother Father Grandparent Guardian Other

Please tell us about your child:

What language did the child learn when he/she first began to talk? _____

What language does the family speak at home most of the time? _____

What language (s) does the primary caregiver (s) speak to the child most of the time? _____

What language (s) does the child speak to his/her primary caregiver (s) most of the time? _____

What language (s) does the child speak to his/her brothers and sisters most of the time? _____

What language does the child speak to his/her friends most of the time? _____

Please list any preschool program(s) your child attended before coming to our program:

In which language do you wish to receive information from the school? _____

What name do you use for your child (if different from above)? _____

Parent/Guardian Signature: _____

Date: _____

Please Return Application To:

**Dr. Jenine Kastner, Director of Special Services
Clinton Public School, 10 School Street, Clinton, NJ 08809**

Questions please call 908-735-8512 or email at vupwood@cpsnj.org