

Jump Start Preschool Parent Questionnaire

Your child's name is: _____

Class registered for: _____

Your child's birth date: _____

Family members/siblings: _____

Is your child independent in using the bathroom? Yes No

Briefly describe your child, including his/her personality, interests, abilities, strengths and weaknesses. _____

How does your child interact with other children in a social setting/ at home?

What would you like for us to know about your child to understand him/her better?
