

Parent Child Assessment Survey

Child's Name: _____ **D.O.B.** _____

- 1- Does your child have food allergies? (Must be documented by a physician)
- 2- Does your child have environmental allergies? (Must be documented by a physician)
- 3- Does anyone in your house have documented food allergies?
- 4- Does your child have dietary restrictions?
- 5- How does your child approach activities/play?
 - a- Observe
 - b- Initiate
 - c- Observe first, then join
- 6- What does your child enjoy doing on a scale from (Strongly agree, agree, disagree, strongly disagree).

	Strongly Agree	Agree	Disagree	Strongly Disagree
Singing				
Listening to stories/books				
Looking at pictures				
Watching TV				
Using Electronic Toys i.e. IPAD, Tablet, Gaming System, Cell Phone, Computer				
Hugs				
Drawing/Art				
Physical activity with games/sports				
Dance				
Outdoor Activities				
Imaginary Play				
Building				
Talking/Conversation				

- 7- What home situations may affect your child? (Positive or negative)
- 8- What language does your child speak?

9- What language or languages are spoken at home?

10- What stage is your child in the process of toilet learning?

- a- In diapers
- b- Afraid of the toilet
- c- Showing interest in using the toilet
- d- Using the toilet with encouragement
- e- Using the toilet with help
- f- Independently going to the bathroom

11- Do you have concerns that may affect your child's learning/development?

12- Is your child exposed to any of the following technology? (Circle all that apply)

- a- TV
- b- Computer
- c- IPAD/Tablet
- d- Cell phone
- e- Gaming systems

13- How much time is spent with this technology watching? (TV/Videos)

- a- Daily _____
- b- Weekly _____

14- How much time is spent with this technology that requires interactive participation?

(Games/tablets/Computer software)

- c- Daily _____
- d- Weekly _____

15- Please share additional information that will help us to better understand and teach your child in the best possible learning experiences
