

St. Dominic School Preschool Parent Survey

Parent/Guardian Name: _____

Child's Name: _____ Birthdate: _____

Home Address: _____

Please list siblings and their ages:

1. Do you have concerns about your child's development? Please explain or answer NO for each of the following:

Speech _____

Motor Skills _____

Social (How does your child interact/play with other children?) _____

Emotional (Does your child separate from you easily? How does your child react when frustrated or angry?) _____

2. Has your child ever received or been referred for a Speech Evaluation? NO YES

If YES, who referred him or her? _____

Where was the evaluation completed? _____

3. Has your child had any significant health concerns from birth to present? NO YES

If YES, please explain. _____

4. Has your child attended any other child care center, preschool or Head Start? NO YES

If Yes, where? _____ How long? _____

5. Please tell us why you would like your child to attend St. Dominic Preschool. _____

Please complete and return to the school office no later than May 1, 2016.