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Parent/Guardian Questionnaire

Please Print				Data of Pirth.
Childs's Name: _	(first)	(middle)	(last)	Date of Birth:
Please provide an	y informatio	n that will help	o us better ur	nderstand your child
Routines				
Typical bec	dtime:	Тур	ical wake-up	o time:
Does your	child nap or	rest during the	day? If so, f	or how long?
How woul	d you descri	be your child's	eating habits	
What methods ar	e most effect	ive in setting lin	mits with yo	ur child?
What are some of	f your child's	favorite activit	ties (reading,	playing at the park, drawing, etc.)
				en he/she is upset?
What else would	you like us to	o know about y	your child?	

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Important People in Your Child's Life

Names and relationship of adults in household: Please include what your child calls the person

i.e.: Grandmother "Babcia"

Names and ages of siblings, include what child calls them

Other important people that your child may share stories about (include name & relationship)

Home Language Survey

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?

3. What language(s) does the primary caregiver(s) speak to the child?

- 4. What language(s) does the child use most frequently when speaking to his/her primary caregiver(s)?
- 5. What language(s) does the child speak to his/her siblings most of the time? _____
- 6. What language does the child speak to his/her friends most of the time? ______
- 7. Please list any preschool program(s) your child attended before coming to our program:
- 8. In which language do you prefer to receive information from the school?
- 9. What name do you use with your child (if different from above?)