

## Family Questionnaire

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

1. What do you hope your child will gain from this school year?

---

---

---

2. Does he/she have any fears?

---

---

3. Does your child like to play outdoors often? \_\_\_\_\_  
What does he/she like to do outside?

---

---

4. What places has your child enjoyed visiting?

---

---

5. Would you tell us about your family – siblings, other people living in your household, pets, etc.

---

---

---

6. Has your child had any serious illnesses or injuries?

---

---

7. What things can your child do for his/her self?

---

---

---

8. What are your child's favorites (color, food, book, toy, game, activity, etc.)?

---

---

---