

CHRIST OUR SAVIOR LUTHERAN PRESCHOOL QUESTIONNAIRE

Please fill out and return to us at the Home Visit in August.

CHILD'S NAME _____

1. What are some of your child's favorite things to do?

2. What are some of your child's favorite books?

3. What are your child's favorite foods?

4. Does your child have any food allergies? If so, please list them.

5. Does your child have a favorite toy or other comfort object? What is it? When does your child seem to need it most?

6. What are your child's special interests?

7. How does your child feel about coming to school?

8. Does your child know any other children in our class? If so, who?

9. What else would you like us to know about your child?

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