

## TODDLER COMMUNITY PARENT QUESTIONNAIRE

In the few weeks of your child's time in our classroom community—it would be helpful for us to have some notes so we may get to know your child better. By answering the following questions, you will assist us in knowing such things as eating habits, comforting toys, napping routines, ect. We will keep this questionnaire in a binder so we can respond to your child's need in more of a familiar way. Thank you!

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Has your child been in a childcare setting before? If so, where and for how long?
2. Generally, what time do you drop off in the morning and pick up in the afternoon? (Please remember half-day is from 8:30-12pm, lunch is 12-12:30, and full day is from 8:30-3:00pm)
3. Does your child have any items they use for comfort, such as: blankets, toys, stuffed animals?
4. How do you comfort your child when they are upset?
5. What is your child's napping routine at home? How long does the nap usually last?
6. Does your child prefer to sleep on his back, side, or stomach?
7. What kind of foods is your child eating? What are their favorites?

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8. Does your child have any special diet, health concern, or allergies that we should know about? If so, what are they? We will be serving snack and cooking with the children on a regular basis.
  
9. Do you foresee any challenges or difficulties for your child during the school day in the following areas: separation in the morning, naptime or eating?
  
10. Do you have any questions or concerns about your child's physical or emotional development?
  
11. We would love to know what your professions are and what kind of work you will do while your child is at school.
  
12. What are some family members (parents, siblings, grandparents, pets, Ect) names and what does your child call them?
  
13. What types of activities \*indoors or out\* does your child like to do?
  
14. What are your child's favorite songs, rhymes, and/or fingerplays?
  
15. Does your child have a favorite book or toy? If so, what?

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- 16.** Are there any unique words or other languages your child uses that may be helpful for us to know so we may better understand them and support their emergent language skills?
- 17.** Does your child know how to use the bathroom independently? If not, has your child started learning “independent toileting or shown interest/readiness? If so, please describe what methods you may have been using at home to facilitate this.
- 18.** Any other things you feel would be helpful/ important for us to know? Please use the space below and the back!