

Extended Day Student Questionnaire

Please feel free to skip any questions you would rather not answer.

Date:_____

Child's Name:_____ Birthday:_____

Name to be used in school:_____

Is there any information about your family you would like to share?(i.e. siblings names & ages, pets, extended family)

Is there any information about your family's cultural background that you would like to share?

Does your child regularly need medication or have any health concerns or allergies, including food allergies? If yes, please explain.

Are there any physical, mental or developmental delays which we need to be aware of or restrictions of any kind?

What are your child's favorite activities?

How does your child respond when upset or angry?

Is there anything else we should be aware of that will help us serve you and your child?