



# HIGHLAND CATHOLIC SCHOOL

welcoming everyone in an experience that's more than an education

## Preschool Parent-Child Survey

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

Child's Birth Date \_\_\_\_\_

Snack Preference (circle one):      MILK / WATER / NO PREFERENCE

1. Please list any group activities or experiences in which your child has been involved.
  
2. In order to encourage a positive transition to school and better plan our curriculum, please list some of your child's favorite interests and activities.
  
3. How would you characterize your child? (happy, outgoing, shy, leader, etc.)
  
4. What are your hopes and goals for your child at school this year?
  
5. We will be celebrating the Catholic Holidays at school. Please list any special holidays that you celebrate in your family.

**(PLEASE TURN OVER)**

6. Is your child able to: (check all that apply)

- Recognizes letters in the alphabet
- Recognizes his/her name
- Prints his/her name
- Writes words
- Reads words
- Attentive for 5-10 minutes
- Shares and takes turns
- Recognizes numbers

7. Does your child play mostly: (check all that apply)

- By him/herself
- With boys
- With girls
- With children of the same age
- With children of different ages

8. My child prefers:

- Right Hand
- Left Hand
- No Preference

9. Please list any recent major events (moves, hospitalizations, family life changes, etc.) that may affect your child. Does your child have fears? (spiders, storms, dogs, etc.)

10. Please list any health concerns.

11. If your child has siblings, please list names, ages, and schools attending.

12. Is there anything else you would like us to know about your child?