

Good Samaritan School
333 NW 35th Street, Corvallis, OR 97330
Preschool Student



Let's Get Acquainted...

Please take a few minutes to tell us about your child using this questionnaire.

Thank you for your time and support!

Student's Name _____ Nick Name: _____
(if applicable)

1. What factors led you to apply to Good Samaritan School?

2. What is your child's favorite activity and/or strongest interest at present?

3. In what way would you like to see the school influence your child's growth next year?

4. About which aspects of your child's development are you most pleased?

5. What aspects of home life does your child find most difficult?

6. About which aspects of your child's development do you have questions?

7. Describe how independent your child is (self-help skills, separation anxiety, etc.)?

8. Toileting - _____ No assistance needed _____ Clothing assistance needed

(As an indicator of readiness for preschool your child must be toilet trained.)

9. If applicable:
Why have you decided to change your child's school? _____

What aspects of his/her present school does your child enjoy most? _____

What aspects of school does your child find most difficult? _____

10. Who cares for your child when you are not at home?

11. What other adults play a significant role in your child's life?

12. What type of experiences has your child had without either parent present?

13. If one of the parents is deceased or if the parents are divorced or separated, use this space to describe the child's home and family and/or custodial arrangements.

14. Please describe your child's general health. Include allergies, asthma, etc.

Completed by _____ Date _____

Print name _____ Relationship to child _____