

PARENT SURVEY

Please help me help your child through orientation by completing this survey.

Child's Name _____

Please list your child's favorite.

Snack food _____

Song _____

Books _____

Videos _____

Game _____

Inside activity _____

Outside activity _____

My child has trouble in the following subjects: _____

My child is afraid of: _____

This method helps my child calm done when upset: _____

Other persons who have regular contact with my child's care (Grandparents, Step parents, Siblings, Friends, etc.).

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Anything else you would like to share about your child to help him/her feel more comfortable, especially any concerns, problems, and situations that currently affect your child.
