

## QUESTIONNAIRE for ECC Elementary Age

Please take a few minutes to answer both sides of this questionnaire. This will help me get to know your child better. Please return this at The Back to School meeting. Thank you!

Child's name \_\_\_\_\_ (As you want him/her called at school)

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Language your child speaks \_\_\_\_\_

Language your child understands \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Please list the names and ages of your child's brothers and sisters.

What school does your child attend during the school year?

Does your child wear glasses? Yes or No

List your child's special interests.

Is your child afraid of anything?

What responsibilities does your child have at home?

\*These are skills we will be working on.

*CONTINUED ON BACK*

What are your expectations for the Explore program?

Is there anything going on in your family that you think may be helpful for me to know about?

**Has your child received speech or other services from ECI, CCISD, or any private practice?**

**Yes\_\_\_ No\_\_\_ If yes: Who and when**

**If yes: Please submit additional written documentation of services provided and strategies for us to implement in the classroom.**

**Are there any health/medical/allergy conditions, I should be aware of? Uses EPI Pen Yes \_\_\_ No \_\_\_**

**Any Cultural/Religious food restrictions?**

**Is there anything else you'd like to share about your child?**

**Signature \_\_\_\_\_**

**This will be an exciting June! I look forward to getting to know your child and you!**

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