

RIVERMONT COLLEGIATE
Early Childhood Questionnaire

Please help us to know your child better by answering the questions below and returning this form **before** the first day of school. If you wish to elaborate on any item, attach an additional sheet of paper or contact me at 359-1366, ext. 335. Thank you.

Suzanne Johnson, Assistant Head of School

Student's Name: _____

Has your child's growth and development been as expected by you and your child's physician? If not, please tell us anything that would be helpful to know in working with your child.

Has your child had a vision and hearing screening? If so, were there any problems with his/her hearing or vision?

What is your child's first language (if other than English)? If English is not your child's first language, do you feel that she/he is able to communicate in English proficiently for his/her age?

Have there been any major changes or important events in your family in the last two years? (Moving, child's or family illness, births, deaths, or divorce or separation, etc.)

How do you correct your child when he/she makes a mistake or misbehaves?

What does your child enjoy doing with his/her free time?

What are your child's responsibilities or duties at home?

Does your child have any particular apprehensions? Please describe how you handle these.

What are your main concerns/goals for your child's education?

What characteristics do you admire about your child and why?

Has your child had any previous school or day care experience?