

QUESTIONNAIRE FOR PARENTS;  
FOCUSING ON SEPARATION

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ D.O.B. \_\_\_\_\_

This questionnaire has been designed to help the teachers know more about your child who will be entering the classroom for the first time. It may alert the teacher to possible reactions a child may have when leaving the parent becomes a reality. It is also designed to alert the parent to the possibility that his or her child may need attention and care when going through this particular event. It is not a scientifically perfected instrument, nor is it meant to be. Rather, it is a guide to help the teacher and you focus upon some aspects of the child's experiences and personality that may relate to the entry and separation process. Its purpose is to sensitize the teacher and you to the meaning of children's behavior at this time.

Parent's Names \_\_\_\_\_  
Dad Mom

Parent's Occupation \_\_\_\_\_

Siblings: Name/age \_\_\_\_\_

Allergies \_\_\_\_\_ Potty Trained \_\_\_\_\_

Previous School Experiences \_\_\_\_\_

Does your child receive any services such as speech, OT, PT, etc. \_\_\_\_\_

\_\_\_\_\_

1. How do you feel when you leave him/her with another person for care? \_\_\_\_\_

\_\_\_\_\_

2. Does your child have a favorite blanket or toy to which she/he is attached? \_\_\_\_\_

Under what circumstances does she/he use it? \_\_\_\_\_

\_\_\_\_\_

3. How does your child behave when she/he is asked to mix with a new group, such as at a birthday party? \_\_\_\_\_

\_\_\_\_\_

4. Has your child ever been hospitalized? \_\_\_\_\_ At what age? \_\_\_\_\_ What length of time? \_\_\_\_\_

For what reason? \_\_\_\_\_

Describe the circumstances, including his/her reactions to this hospitalization. \_\_\_\_\_

\_\_\_\_\_

5. Has there been a death of anyone close in your family, or of a pet? \_\_\_\_\_

If yes, what was the child's relationship to that person? \_\_\_\_\_

What was she/he told? \_\_\_\_\_

What were his/her reactions to the death? \_\_\_\_\_

6. If you and your spouse have been separated or divorced, what is the living arrangement for your child? \_\_\_\_\_

7. What does your child do when she/he is angry? \_\_\_\_\_

\_\_\_\_\_

8. What makes your child fearful? \_\_\_\_\_

\_\_\_\_\_

9. How do you think your child will react to beginning school? \_\_\_\_\_

\_\_\_\_\_

10. How do you think she/he will react when you leave him/her in school without you? \_\_\_\_\_

\_\_\_\_\_

11. What else would you like us to know about your child that would help us in planning for his/her most comfortable entry into school and the most comfortable separation for both of you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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