Student Information

This confidential questionnaire is designed to help Strong Foundations Academy support your child's growth and development while fostering a safe, stable, and healthy environment for all students. By providing complete and accurate information, you help us create a positive and supportive experience tailored to your child's needs.

Student Name: _____ Student Date of Birth: _____

Name of Parent/Guardian completing this form: _____

❑ I have read, understand and agree to the policies and procedures at Strong Foundations Academy as outlined in the handbook.

Parent Signature: _____ Date: _____

Has your child previously attended preschool or childcare? If yes, what type of setting was your child in? _____

Does your child prefer to play alone or with other children?

❑ Alone ❑ Other Children

What are five words that describe your child? _____

_____

What are a few of your child's favorite things? _____

_____

_____

What activities does your child participate in outside of school? _____

_____

What are your child's strengths? _____

_____

What are three goals you have for your child this year? _____

_____

_____

What motivates your child? _____

_____

What makes your child upset and how do you comfort them? _____

_____

_____

What is your child's current sleep schedule? _____

_____

Has anything happened recently in your child's life that might affect them? If yes, please explain: (Ex: new sibling, separation or divorce, moving to a new home) _____

_____

Circle all the holidays your family celebrates:

Birthdays	Valentine's Day	Easter	Halloween	Thanksgiving
Christmas	Hanukkah	Diwali	Other:_____	

Does your child have any health concerns the teacher should be aware of?

_____

Is there anything else you would like to share about your child to help us create a positive environment and relationship with your child? _____

_____

_____