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Parent Questionnaire for Preschool Screening

Dear Parents,

Please take a few moments to introduce your child to us through this questionnaire.

This form has four parts that ask for information about your child:

Part 1: Personal background information about your child.

Part 2: School Experience

Part 3: Developmental History

Part 4: Social Development

Please read through the form and respond to all items as carefully as you can. You are an important source of information about your child. The information and answers that you provide enable us to better understand the whole-child. Information shared on this questionnaire will remain confidential and will only be shared with your child's screening team. We greatly appreciate your time in completing this form and look forward to working with you and your child.

Child's Name (First, Last): _____

Name child will be using in school: _____

Date of Birth: ___/___/___

Gender: ___Male ___Female

Parent

Mr/Mrs/Ms/Other: _____

Name (First, Last) _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____

Email for school contact: _____

Person completing this survey: ___Mother___ Father___ Guardian___ Caregiver___ Other

Personal Information

Living Situation

1. Who does your child live with? _____
2. Is the child adopted? ____ Yes ____ No
3. If your child is adopted at what age did he/she join the family? _____

Siblings

4. Does your child have brothers or sisters? ____ Yes (Please list below) ____ No

School Experience

1. What are your concerns about your child's schooling?

2. Has your child attended a preschool/daycare? ____ Yes ____ No If yes, how long? _____
3. How many hours per week has your child most recently attended preschool or daycare? _____
4. What is the name and location of your child's preschool/daycare? _____

Preschool or Daycare contact person's name: _____

5. May we have permission to contact the previous teacher/daycare provider? ____ Yes ____ No
If yes, please sign below.

Signature: _____ Date: _____

Home Situation

1. Have any of the following occurred?
Parents separated or divorced ____ Yes ____ No When? _____
A death or major loss ____ Yes ____ No Who/When? _____

2. Other major events that may have upset your child?

3. Has your child reacted to any of the above situations with behaviors that concern you?

4. Are there any family beliefs, traditions (religious or otherwise) that you would like the school to be aware of? _____

Developmental History Information

1. Was your child a full term baby? ____ Yes ____ No
2. Were there any complications with the pregnancy or at birth? ____ Yes ____ No
3. Did your child receive Early intervention services? ____ Yes ____ No

If yes, with whom? _____

What services?

Developmental Therapy ____ Speech/Language Therapy ____

Occupational Therapy ____ Physical Therapy ____

Behavior

1. Are there challenges with behavior management at home? ____ Yes ____ No

If yes, what is the most effective in establishing acceptable behavior:

2. My child's strengths are:

3. There is additional information that I would like to share. ____ Yes ____ No
