



2801 York Road  
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Board of Education and  
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Butler Junior High School  
2801 York Road  
Telephone: 630-573-2760  
FAX: 630-573-5374

Brook Forest School  
60 Regent Drive  
Telephone: 630-325-6888  
Fax: 630-325-8452

**Parent/Guardian Questionnaire for Preschool Screening**

[www.Butler53.com](http://www.Butler53.com)

Dear Parents/Guardians,

Please take a few moments to introduce your child to us through this questionnaire. You should respond to all items as thoroughly as possible. You are an important source of information about your child, and the answers you provide will enable us to better understand your child.

Information from this questionnaire will remain confidential and will only be shared with your child's screening team. We appreciate your time in completing this form and look forward to working with you and your child.

**General Information**

Child's name (first, last): \_\_\_\_\_

Name child will be using in school: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Child's gender: \_\_\_\_\_

Parent's name (first, last): \_\_\_\_\_

Parent's preferred title (check one): Mr.  Mrs.  Ms.  Other  \_\_\_\_\_

Address: \_\_\_\_\_

Preferred telephone number: \_\_\_\_\_

Email for school contact: \_\_\_\_\_

Person completing this survey (check one):

Mother  Father  Guardian  Caregiver  Other  \_\_\_\_\_

**Personal Information**

Who does your child live with? \_\_\_\_\_

Is your child adopted?            Yes             No

If yes, at what age did your child join the family? \_\_\_\_\_

Does your child have siblings?            Yes             No

If yes, please provide the siblings' names and ages: \_\_\_\_\_

\_\_\_\_\_

**School Experience**

Do you have concerns about your child's schooling?    Yes             No

If yes, please describe your concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child attended a preschool or daycare?            Yes             No

If yes:

For how long? \_\_\_\_\_

For how many hours per week (most recently)? \_\_\_\_\_

What is the name and location of the preschool or daycare? \_\_\_\_\_

Name of contact person at preschool or daycare: \_\_\_\_\_

May we have permission to contact the teacher/daycare provider?    Yes             No

If yes, please sign and date below to confirm permission.

Signature: \_\_\_\_\_            Date: \_\_\_\_\_

**Home Situation**

Have any of the following occurred?

Parents separated or divorced?    Yes     No     If yes, when? \_\_\_\_\_

A death or major loss?    Yes     No     If yes, who/when? \_\_\_\_\_

Have there been other major events that may have upset your child?    Yes             No

If yes, please describe: \_\_\_\_\_

Has your child reacted to any of the above situations with behaviors that concern you? Yes  No

If yes, please describe: \_\_\_\_\_

Please provide any other home/family information that you would like the school to be aware of: \_\_\_\_\_

**Developmental History Information**

With regard to your child's birth, was the pregnancy full-term? Yes  No

Were there any complications with the pregnancy or at birth? Yes  No

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**

Are there challenges with behavior management at home? Yes  No

If yes, what have you found to be most effective for establishing appropriate behavior? \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

Please provide any additional information that you would like the school to be aware of: \_\_\_\_\_

**Please return the completed Questionnaire to the District via email or mail:**

Email: [aprola@butler53.com](mailto:aprola@butler53.com)

Mail: Andrea Prola  
Director of Student Services  
Butler School District 53  
2801 York Road  
Oak Brook, IL 60523