

**3 Year Old Program & 4 Year Old Pre-Kindergarten
Survey**

Parent(s) / Guardian(s) Name _____

Student's Name _____

Student's Birthdate _____

1. Is your child right or left handed?

2. Does your child receive any services for delays? (For example –speech)

3. Does your child socialize with children of his own age?

**4. Can your child take care of his/her own personal needs?
(For example – bathroom)**

5. Does your child have any allergies and if so what is he/she allergic to?

6. Are there any concerns about your child that the teacher should know?
