

## “Getting To Know You” Questionnaire

Child’s Name: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

Name/Ages of child’s siblings: \_\_\_\_\_

\_\_\_\_\_

What are your child’s favorite activities? \_\_\_\_\_

\_\_\_\_\_

What are your child’s least favorite activities? \_\_\_\_\_

\_\_\_\_\_

What are your child’s concerns, if any, about your child attending DSECC? \_\_\_\_\_

\_\_\_\_\_

What are your concerns, if any, about your child attending DSECC? \_\_\_\_\_

\_\_\_\_\_

Is there information about your family that would be helpful for us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any circumstances or fears that your child may have that we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments:

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