

## Pre-Kindergarten Survey

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Has the child attended nursery school? Yes \_\_\_\_\_ No \_\_\_\_\_ How Long \_\_\_\_\_

Please list all of your children. Start with the oldest:

| Name | Month | Year | Sex | Check if at home | Check if in school | Check if by other marriage |
|------|-------|------|-----|------------------|--------------------|----------------------------|
| 1.   |       |      |     |                  |                    |                            |
| 2.   |       |      |     |                  |                    |                            |
| 3.   |       |      |     |                  |                    |                            |
| 4.   |       |      |     |                  |                    |                            |
| 5.   |       |      |     |                  |                    |                            |
| 6.   |       |      |     |                  |                    |                            |

In how many different houses has the child lived?

| From | To | Age of child at time |
|------|----|----------------------|
| 1.   |    |                      |
| 2.   |    |                      |
| 3.   |    |                      |
| 4.   |    |                      |

Does anyone other than you, your husband (wife) and children live with you?

Yes \_\_\_\_\_ No \_\_\_\_\_

| Relationship to child | How long? |
|-----------------------|-----------|
| 1.                    |           |
| 2.                    |           |
| 3.                    |           |

Has the child ever been separated from the family for more than two weeks?

Yes \_\_\_\_\_ No \_\_\_\_\_

| Age of child at time | How long? | Reason |
|----------------------|-----------|--------|
| 1.                   |           |        |
| 2.                   |           |        |

Has the mother or father ever been away from the child more than two weeks?

Yes \_\_\_\_\_ No \_\_\_\_\_

| Age of child | How long? | Reason |
|--------------|-----------|--------|
| 1.           |           |        |
| 2.           |           |        |

Has the mother or father had a serious illness of more than three weeks? (last three years)

Yes \_\_\_\_\_ No \_\_\_\_\_ How Long \_\_\_\_\_

| Check if in hospital | How long? | Age of child at time |
|----------------------|-----------|----------------------|
| 1.                   |           |                      |
| 2.                   |           |                      |

Has there been a death of anyone close to the child?

Yes \_\_\_\_\_ No \_\_\_\_\_

| Who | Age of Child | Child's Reaction |
|-----|--------------|------------------|
|     |              |                  |