

VENICE NOKOMIS COMMUNITY PRESCHOOL, INC.

PARENT QUESTIONNAIRE

Child's Name _____ Date _____

Parent(s) Completing this form: _____

Our child likes _____

Our child dislikes _____

Something your child wants to do at school: _____

Our child expresses concern about: _____

Our child's strong qualities: _____

Areas our child may need to work on are: _____

Concerns we have for our child's coming school year are: _____

Anything else you'd like us to know about your child and/or family experiences? _____

PLEASE USE REVERSE SIDE FOR EXTENDING YOUR RESPONSES – THANK YOU
