

UNION #38 OUT-OF-SCHOOL TIME PROGRAM PARENT/CHILD QUESTIONNAIRE

Please complete the questions below to help us get to know your child and to provide valuable insight to assist us in ensuring that supports and structures are in place to promote your child's happiness and successful participation in the program.

Child Name: _____ DOB: _____ Grade: _____

1. Please share some of your child's areas of interest, hobbies and most enjoyed activities (playing games, making music, reading, creating art, etc.) to help us begin to match program planning with children's interests.

2. Is your child more happy and successful in structured or unstructured environments?

3. Does your child prefer to play with peers, older/younger children, adults or alone?

4. Does your child have any particular fears, i.e. the dark, heights, animals, etc.?

5. Does your child have any allergies?

6. Does your child take any medication on a regular basis which may affect him/her during his/her time at the program?

7. Please describe at least one method or technique you have found successful in helping your child calm down and regaining control when he/she becomes frustrated or upset.

8. Please provide any other important information about your child to help us better meet his/her needs, ensure successes, and provide the best service possible.

Parent/Guardian Signature: _____ Date _____

Site Coordinator Signature: _____ Date: _____