



Tri County Preschool Questionnaire 08-09

Tri County Preschool
C/O Pamela Ingles
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All information given in this questionnaire is **strictly confidential**. All of the money for our program is received from the state. The state is looking for those children who are in the greatest need of services. The state Department of Education has determined some areas that they feel make a child most in need of preschool services. Please answer the following questions ***completely with as much detail as possible***. ***All information will be verified at a later date***. The 2008-2009 preschool program is pending state funding. **You will be notified in mid to late September if your child has been accepted.**

Child's Name _____ Male _____ Female _____
Child's Birth Date _____
Child's Address (Include city and zip code) _____

Would your child normally attend Sand Lake Elementary? Yes _____ No _____
Home Phone Number _____
Cell Phone Number _____
Email Address _____
Parent's Name (mother and father) _____

1. What was your child's birth weight? _____
Was your child born premature (before the 37th week)? _____
Were there any problems or difficulties at birth? _____
If yes, please explain briefly.
2. Has your child's developmental progress been less than expected for his/her age in one of the the following areas: cognitive, social-emotional, or physical? _____ (if yes, please circle)
3. Has the preschooler been exposed to any physical or sexual abuse? _____
If yes, please explain briefly.
4. Do you receive WIC? _____
Is your child at the appropriate weight for their age? _____
Does your child have severe food allergies? _____ (if yes, please describe)
5. Does your child have any long term or chronic illnesses that may affect learning? _____
____ asthma ____ food allergies ____ vision/hearing ____ chronic ear infections
____ seizures ____ heart problems ____ ADD/ADHD
____ other _____

6. Does your child have a diagnosed handicap? _____
If yes, please check which service they receive:
___ speech and language ___ physical therapy ___ occupational therapy
7. How long have you lived at your current address? _____
How many times have you moved since your child was born? _____
8. Does anyone in your household, including your child, have a violent temper? _____
9. Does a family member, currently or in the past, have a substance abuse or addiction problem:

Does a family member smoke? _____
10. Can you understand 90% of what your child is saying? _____
Can others understand 90% of what your child is saying? _____
Does your child, currently or in the past, have an Individual Education Plan (IEP) and therefore is/or was receiving speech services? _____
(Please circle one of the following: currently in the past)
11. What language is spoken most often in the home? _____
Is there a second language that is spoken? _____
12. Did both of the preschooler's parents graduate from high school? _____
If no, who and what was the highest grade level completed? _____
Are there any adults in the home who received special education services while they were in school, do not know how to read or have a difficult time reading? _____
13. Has anyone in the household/family ever had any problems with the law? _____
If yes, please explain briefly.
14. Is there a history of diagnosed family problems (family/marriage counseling, parents involved in special education, grandparents raising grandchildren, a foster child, etc...)? _____
15. Are any of the preschooler's brothers or sisters having a hard time learning in school? _____
If yes, please explain briefly.
16. Are you a single parent? _____
17. Who, in the household, is working and where are they employed?

18. What was your total household income for the last twelve months? _____
19. How many people are living in the household? Please list **each** person, their **relationship** to the child and their **age**. ***Please include the preschool child.***

20. Has your child experienced divorce or a death of an immediate family member? _____
21. How old was the mother of this child when her ***FIRST*** child was born? _____
 How old was the father of this child when his ***FIRST*** child was born? _____
22. Is there a chronically ill parent/sibling in the household (physical, mental, or emotional)? _____
 If yes, please explain briefly.
23. Is anyone in the family currently or has anyone been jailed for a crime during your child's lifetime? _____
24. Do you have neighbors that are the same age as your preschool child that they can socialize/play with? _____
 Do you have access to transportation during the day? _____

Our program offers the following schedule:

Monday & Wednesday—all day (Sand Lake Elementary students must attend Mon./Wed. to receive bus transportation)

OR

Tuesday & Thursday—all day

*If you have a preference, please explain briefly which days and why. I can not guarantee that this preference will be honored, but I will try my best.

Mon./Wed. _____

Tue./Thur. _____

Doesn't matter _____

*Have you had a previous child or a relative in the Tri County Preschool Program? _____

If yes, please list the teacher they had. _____

I understand that I will not be notified until mid to late September if my child has been accepted into the Tri County Preschool. I also verify that all of the above information is correct. I know that I will be asked to verify and provide proof of qualifying items if my child is accepted into the preschool.

Parent/Guardian Name _____ **Date** _____

Parent/Guardian Signature _____

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