



# Wagalus School

## Information Sheet

T'sakis Way  
Port Hardy, BC  
V0N 2P0 Phone  
(250) 949-6019

Name: \_\_\_\_\_

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

### Parent Questionnaire

Please fill out the following so that I may use this information to assist your child in making a good adjustment to school life.

Child's name: \_\_\_\_\_  
Family name used                      First and middle names

If parents are working who cares for your child \_\_\_\_\_  
Phone: \_\_\_\_\_

Name and ages of child's brothers and sisters:  
\_\_\_\_\_  
\_\_\_\_\_  
.....

### Special Interests

Favourite play activities: \_\_\_\_\_  
Favourite T.V. shows: \_\_\_\_\_  
Favourite books and stories: \_\_\_\_\_  
Pets: \_\_\_\_\_  
.....

### Routines

What does your child like to do at home?  
\_\_\_\_\_  
Indoors \_\_\_\_\_ outdoors \_\_\_\_\_  
Alone/with others \_\_\_\_\_  
What is your child's usual bedtime: \_\_\_\_\_ rising time: \_\_\_\_\_

Is your child right or left handed: \_\_\_\_\_

Bathroom habits: \_\_\_\_\_

Do you have concerns about your child's speech or hearing? \_\_\_\_\_

Does your child have any nervous habits or fears? \_\_\_\_\_

What would you consider your child's strengths? \_\_\_\_\_

Is there any area of growth that you would like to have improved during his/her stay in preschool?  
\_\_\_\_\_

Does your child have any fears or anxieties (for example, being alone in the dark, dogs, bees)?  
\_\_\_\_\_

How does your child behave in new situations (for example, nervous, excited, shy)?  
\_\_\_\_\_

Do you have any information about your child that you would like to share with us?  
\_\_\_\_\_

Does your child have playmates in the community? How does he/she get along with them?  
\_\_\_\_\_

List your child's special interests (sport, church / community groups, swimming, books)  
\_\_\_\_\_

Thank you for your time, this information will make it easier for your child and myself to understanding each other.

Karen Aoki,  
Wagalus School Teacher