

Goodridge Ind. School District 561

P.O. Box 195
Goodridge, MN 56725
Phone: (218) 378-4134
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Mr. Galen Clow, Superintendent
Mrs. Becky Carlson, Principal

Family Questionnaire for New Preschool Students

Please help us to get to know you and your child. We look forward to forming a collaborative relationship; working together to ensure that your child reaches his/her full potential. Thank you for sharing this information with us. Please turn in the completed form as soon as possible to Andrea Halvorson in the school office. Out of district preschool students will be enrolled in our preschool program as room is available, and as determined by school administration.

Child's Name _____

Nickname _____

Date of Birth _____

Resident School District _____

1. Identify Parents/Guardians to Student _____

2. Identify any Sibling(s) of Student; please indicate their ages and what school they are attending:

3. How did you hear about our Preschool Program?

4. What made you interested in Goodridge School?

5. Do you have any concerns about your child?

6. Is your child completely potty trained, including dry at night? If not, what strategies are you using to work on this?

7. What kind of activities does your child especially like to do at home?

8. Does your child have any unusual or strong fears?

9. How would you describe your child's energy level?

10. Has your child had prior school experience? If yes, please describe any special likes or dislikes she/he had about school.

11. Do you plan to continue your child's education in the Goodridge School system?

12. What do you hope will be the major outcomes of your child's school experience?

13. Would you be interested in participating in your child's preschool experience? If so, how? (Classroom, talent to share, field trips, celebrations, preparation of materials, parting strategies, substitute teaching, other)

14. Is there anything else you think we should know about you or your child?

15. Additional Comments:
