



Parent Questionnaire

Age Three through Grade One Only

The Elisabeth Morrow School

Full name of candidate:	Date:
Current grade:	Teacher:
Current school:	School telephone:
School address:	
Parent/Guardian's name:	Parent/Guardian's name:

The education of the students at The Elisabeth Morrow School is a cooperative effort between the parents and teachers. The expectations and educational beliefs are considered along with the candidate's developmental readiness and personal characteristics. Insight into your child's development is an extremely important part of the screening process when reviewing candidates, especially very young children. Please help us to get to know your child by completing this questionnaire to the best of your knowledge.

Developmental Milestones: Please provide the age at which your child accomplished the following milestones. If your child has not yet achieved a particular milestone, please leave it blank.

<i>Motor Development</i>	<i>Age</i>
Sat without support	_____
Crawled	_____
Walked without assistance	_____
Rode a tricycle	_____
<i>Language Development</i>	<i>Age</i>
Spoke first words	_____
Spoke two or three-word phrases	_____
Spoke in sentences	_____
Repeated nursery rhymes from memory	_____
<i>Self-help Skills</i>	<i>Age</i>
Toilet training completed	_____
Dressed self	_____
Undressed self	_____
Buttoned, unbuttoned clothes	_____
Tied shoes	_____

Current Play Patterns:

Does your child prefer to play alone or with a friend? _____

Does your child interact with his/her peers? _____

Does your child interact with other children in a small group? _____

How does your child relate to his/her siblings? _____

Does your child prefer children who are younger, the same age or older? _____

Is your child able to play independently? If so, for how long? _____

What are some of your child's favorite toys? _____

Behavior Patterns:

Sleeping

Please describe your child's sleeping routine (i.e. nap, bedtime schedule, nightmares): _____

Eating

Please describe your child's eating habits: _____

Anxieties

Please describe your child's anxieties (i.e. separation, dogs, strangers): _____

Please characterize your child by circling all that apply:

- | | | | |
|--------------|--------------|-------------|-------------|
| active | clumsy | independent | slow-moving |
| affectionate | coordinated | leader | stubborn |
| bossy | curious | quick | shy |
| distractible | meticulous | self-willed | |
| bright | follower | cautious | |
| caring | hyper-active | imaginative | |

Your comments will be very helpful to us as we review your child's candidacy. We thank you for taking the time to provide us with this information. Kindly return to: The Elisabeth Morrow School, Office of Admissions and Financial Aid, 435 Lydecker Street, Englewood, NJ 07631. Telephone: 201-568-5566 ext. 7212 Fax: 201-568-2065 Email: admissions@elisabethmorrow.org. For more information about our School, please visit www.elisabethmorrow.org. Please call if you have any comments or questions.

The Elisabeth Morrow School is fully committed to complying with any applicable federal and state laws with respect to the administration of its educational policies, admissions policies and practices and financial aid programs.