

## ST. VERONICA'S RAINBOW PATCH QUESTIONNAIRE

Please enter teacher's name here \_\_\_\_\_ A.M. \_\_\_\_\_ FULL

By answering these questions honestly and briefly, you will help me to better meet your child's needs.

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthday \_\_\_\_\_  
Does your child share a room? \_\_\_\_\_ Explain \_\_\_\_\_  
Is child adopted? \_\_\_\_\_ Does he/she know it? \_\_\_\_\_  
Have you any other adopted children? \_\_\_\_\_  
Are you expecting a baby? \_\_\_\_\_ Does child know? \_\_\_\_\_ When? \_\_\_\_\_  
Has child lived elsewhere than present home? \_\_\_\_\_ If yes, explain \_\_\_\_\_

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Sitter or housekeeper's name \_\_\_\_\_  
Do you have any pets? \_\_\_\_\_ Give names and type \_\_\_\_\_  
\_\_\_\_\_ Does child have a good relationship with them?

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Are there other children/child that he/she can play with outside of school? \_\_\_\_\_  
Any diseases, illnesses, accidents or operations? (circle) Explain briefly \_\_\_\_\_

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Any traumatic experiences? \_\_\_\_\_ Explain \_\_\_\_\_  
Does your child have any special difficulties? \_\_\_\_\_ (Speech, Visual, Auditory, Muscular) \_\_\_\_\_  
Explain \_\_\_\_\_  
Allergies? \_\_\_\_\_ If yes, explain reaction and treatment \_\_\_\_\_

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How many colds has your child had in the past year? \_\_\_\_\_  
Has any member of the family been seriously ill during the past year which would affect your child  
psychologically? \_\_\_\_\_ Explain \_\_\_\_\_  
Is your child a sound sleeper? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Does child nap? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Does child wet the bed? \_\_\_\_\_ Reaction? \_\_\_\_\_  
Does child need a special toy for sleep? \_\_\_\_\_  
Would you describe you child's appetite as (please circle one):    Good    Fair    Poor  
List any food allergies \_\_\_\_\_  
Can child feed himself/herself? \_\_\_\_\_  
Word used for bowel movement \_\_\_\_\_ Time of day \_\_\_\_\_  
Word used for urination \_\_\_\_\_ Approximate time interval between \_\_\_\_\_  
Does child toilet alone? \_\_\_\_\_ Can he/she manage own clothes \_\_\_\_\_  
Can child dress himself/herself? \_\_\_\_\_ With what clothes does child need help? \_\_\_\_\_

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Does child wash and dry own face and hands? \_\_\_\_\_ Brush teeth? \_\_\_\_\_  
Put away clothes? \_\_\_\_\_ What responsibilities does child have at home? \_\_\_\_\_

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Does child do any of the following regularly? (please circle all that apply): suck thumb    pick nose  
bite nails    masturbate    wet bed    pull hair    other \_\_\_\_\_  
When does he/she do this? \_\_\_\_\_  
What have parents done about it? \_\_\_\_\_  
What kind of discipline does he/she respond to best? \_\_\_\_\_  
Does child have any fears? \_\_\_\_\_ Are there any problems we should be conscious of? \_\_\_\_\_

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Is child's speech (please circle one):    distinct    understandable    difficult  
Has child been away from parents overnight? \_\_\_\_\_  
Left with sitter? \_\_\_\_\_

OVER PLEASE

Has child had previous group experience? \_\_\_\_\_ Nursery School? \_\_\_\_\_

Other \_\_\_\_\_

What is child's favorite book or story? \_\_\_\_\_

What is child's favorite TV show? \_\_\_\_\_

What are child's favorite art materials? \_\_\_\_\_

What is child's favorite snack? \_\_\_\_\_

Does your child drink milk? \_\_\_\_\_

What does child enjoy doing with parents? \_\_\_\_\_

What kinds of things does child enjoy doing at home? \_\_\_\_\_

What kinds of family trips has your child experienced? (camping, zoo, farm, etc.) \_\_\_\_\_

What do you see as your child's strengths? What are the things you feel glad about, things you like about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child attended Rainbow Patch last year, please indicate any activities or trips he/she particularly enjoyed or talked about. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_