



Westmoreland Children's Center Student Questionnaire

Child's Name: _____ Campus: _____

Who are the members of your household?

Have there been many changes in your child's family?	<u>Yes</u>	<u>No</u>
Birth of a sibling? Date: _____	_____	_____
Pregnancy? Expected date of birth: _____	_____	_____
Divorce/Separation? Date: _____	_____	_____
Recent death of a relative or friend? Date: _____	_____	_____
Change in residency? Date: _____	_____	_____
Parent returning to work or changing jobs? Date: _____	_____	_____

What language(s) is spoken in your child's home? _____

Does your child have any dietary restrictions? _____

Does your child have any concerns starting the new school year?

Is your child afraid of anything? (dark, storms, animals, etc.)?

How does your child express anger and frustration?

Parent/Guardian Signature: _____ **Date:** _____