



# St Leo the Great School

1051 W. San Fernando St. San Jose 95126

(408) 293-4846

## LITTLE LIONS PRESCHOOL & KINDERGARTEN QUESTIONNAIRE

Last Name of Student:

Today's Date:

First Name:

Middle Initial:

Name of person completing this form:

Relationship to the child:

Language spoken at home:

### PRESCHOOL -

Name of Preschool:

Length attended:

How was your child's preschool experience:

May we contact your child's preschool teacher:

YES

NO

Phone number or email address:

### HEARING -

Have you noticed any signs of hearing problems:

YES

NO

If yes, please describe:

Does your child have recurring ear infections

YES

NO

Date of last hearing test:



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## LITTLE LIONS PRESCHOOL & KINDERGARTEN QUESTIONNAIRE (continued)

### SPEECH -

Do family and others understand what your child is trying to say:  YES  NO

Does your child have problems pronouncing certain letters:  YES  NO

Which ones:

Describe your child's behavior when she/he is not understood:

### VISION -

Does your child wear glasses:  YES  NO

Date of last vision test:

Does your child have any vision problems:  YES  NO

Describe any vision problems:

### SOCIO-EMOTIONAL HISTORY -

Would you consider your child:  Shy  Outgoing  Varies

Has anything happened recently (death in the family, divorce, separation, parental employment change, etc) that would affect your child's emotional well-being:  YES  NO

If yes, please describe: