



PRE- MATERNAL, MATERNAL, PRE-KINDER AND KINDER PARENTS QUESTIONNAIRE

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While this questionnaire is optional, it serves as an important supplement to your child's application. Please complete the questionnaire and return it to the Administration.

Child's full name: _____

Current grade: _____ Date of birth: _____ Age: _____

What are the first 3 words that come to mind to describe your child?

1. _____

2. _____

3. _____

Please describe your child's greatest strength (social, emotional, or academic)

Activities and Interests

Please indicate all schools or special activities your child attended (including daycare, music, class, swim class, story hour. Etc..)

Name of Activity	Start/End Date	Frequency

Please list activities that interest your child when he/she plays alone.

Please describe your child's Reading interest and list any favorite books, poems and/or stories

What subject or activity is your child particularly curious or passionate about?

How long does it take your child to feel comfortable in a new surrounding? What helps with this process?



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Development Milestones

Activity	Age (in month)					
	0-6	6-12	12-18	18-24	14-36	Not Yet
Crawling						
Walking						
Talking in phrases						
Talking in sentences						

Language Development

What was the first language your child spoke? _____

Currently, what is your child's primary language? _____

Does your child speak any other languages Yes No

If yes, which language(s) and what percentage of the time?

What additional information you would like to share about your child?

Parents/Guardian signature _____ Date _____