

**Please attach your child's photograph to this corner.**



THE AVERY COONLEY SCHOOL

## **Early Childhood and Junior Kindergarten Parent Questionnaire**

While this questionnaire is optional, it serves as an important supplement to the small group screening your child is scheduled to attend. Please complete the questionnaire, include a recent photograph of your child, and return both to the Admission Office prior to the screening.

**Completed questionnaires and photographs should be returned to:**

Admission Office  
The Avery Coonley School  
1400 Maple Avenue  
Downers Grove, IL 60515

Or by email to: [admission@averycoonley.org](mailto:admission@averycoonley.org)  
if emailing, please attach the photograph to your email.

### **Background Information**

**Name of child:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Current age:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**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).**

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## Activities and Interests

Please indicate all schools or special activities your child attends/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.

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Please describe your child's reading interests and list any favorite books, poems and/or stories.

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Is there any subject or activity your child is particularly curious or passionate about?

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How long does it take for your child to feel comfortable in a new surrounding?

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## Developmental Milestones

Activity	Age (in months)					
	0-6	6-12	12-18	18-24	24-36	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?

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Are there any other languages spoken at home?      Yes      No

If yes, which language(s)? What percentage of the time? By whom?

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### Medical Information

Has your child had any of the following conditions?

- Allergies (seasonal, food, etc.)
- Recurring ear infections
- Hearing impairment
- Vision impairment
- Physical restrictions
- Other \_\_\_\_\_

Please explain:

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## Hopes and Goals

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

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Why do you think The Avery Coonley School is the right program for your child?

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What do you hope your child will gain from his/her experience at The Avery Coonley School?

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Is there any additional information you would like to share about your child?

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Signature of individual(s) completing this questionnaire

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Date

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Relationship to child