



AISB

AMERICAN INTERNATIONAL
SCHOOL OF BUDAPEST

Parent Questionnaire for Early Childhood Applicants to
Kindergarten, Multiage 3 and Multiage 4

STUDENT NAME:

GRADE:

1. In new or unfamiliar situations, how does your child react when separating from you?

2. How does your child interact with other children in a group situation?

3. Please make any special notes of any fears or anxiety your child may have.

4. Please give a description of your child's personality and note any special interests and the things he or she likes to do.



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5. Describe your child's ability to communicate. Is your child able to make his or her wants and ideas easily and clearly understood?

6. Please note any further information that you feel will be useful to our teachers in providing the best environment for your child.

7. Is your child completely toilet trained?

.....

Print name of the Parent or Guardian

.....

Signature

Date:



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