QUESTIONNAIRE FOR PARENTS

Dear parents, legal guardians,

The following questionnaire is designed to obtain initial information about your child, which we need to ensure that the conditions of care are appropriate to your child's needs. The information obtained will help us to get to know your child better and faster, and thus we will be able to help your child adapt to the new environment more quickly and have an enjoyable time in the playgroup. If there is any information you do not want to provide, we will respect that. Experience has shown us that it is good to have it, so we have asked for it in the questionnaire.

We consider all the information you provide confidential, classifying it as personal and sensitive data, and it will therefore be treated in accordance with the General Data Protection Regulation (EU) 2016/679 (GDPR). Thank you for your cooperation 😊

Child's name and surname:

Date of birth:

What do you expect from the playgroup?

Do you have any specific worries?

1. **ONBOARDING**
   - Has your child already attended any similar facility?
   - If so, could you describe the onboarding?
   - How does your child react to being separated from their family?
   - Is your child used to being away from their parents for a certain period of time (e.g. staying with a grandmother, aunt, friend, etc.)?
   - Did your child attend a different daycare center?
   - Once the adjustment period is over, your goal is for your child to attend:
     a) mornings
     b) afternoons
     c) afternoons, but only after a longer period of time
   - Do you have a goodbye ritual?
     a) YES (please specify, e.g., a kiss, a wave)
     b) NO

2. **CHILD'S HEALTH STATUS**
   - Is your child often sick? YES/ NO
   - Is your child under the regular care of a specialist physician?
     a) YES (please specify):
     b) NO
   - Does your child take any medication regularly?
     a) YES (please specify):
     b) NO
   - Has your child developed any allergies (pollen, insect bites, food, etc.)?
     a) YES (please specify):
     b) NO
   - Did/Does your child have any health problems that we should know about? If so, what were/are they?
   - Does your child have any motor skill impairment or limitations?
     a) YES (please specify):
     b) NO

3. YOUR CHILD''S SPECIFIC FEATURES

- What is your child like emotionally (cuddly, weepy, fearful, lively, friendly, passive, active, etc.)
- Does your child have any specific behavioural traits such as irritability, impulsiveness, fearfulness, anxiety, emotional instability, moodiness, hypersensitivity, badly bearing injustice, etc.)?
- Which hand does your child prefer when grasping toys, holding a spoon, a pencil?
    a) right
    b) left
    c) cannot say, uses both hands
- Is your child capable of sustaining attention focus during a task (play is also a task)? Does your child complete tasks?
    a) Yes
    b) Needs motivation or help to complete a task
    c) Cannot sustain attention, does not complete tasks
- What time does your child wake up in the morning (without being woken up by another person)?
- What time will your child have to get up when attending the playgroup?
- After lunch my child:
    a) sleeps
    b) lies down and rests
    c) does not rest
- My child sleeps:
    a) alone in their room
    b) with their sibling
    c) with their parents
- Does your child have a "cuddly toy" to sleep with?
- What are your child's rituals when falling asleep?
- Is the child still breastfed?
    a) Yes
    b) No
- Is the child used to going for walks?
    a) Yes (please specify):
    b) No
    c) The child rides in a stroller

4. SOCIAL BEHAVIOUR

- As far as games and activities with other children in our neighbourhood, my child
    a) is very keen to be involved
    b) participates with the help of an adult
    c) does not participate at all, plays on their own
- How does your child react in a group to other children:
- My child enjoys most playing with (favourite toys):
- Is your child afraid of anything?
    a) YES (please specify):
    b) NO
- What calms your child down when they are upset?

- Is your child aggressive towards other children?
    a) YES (please specify):
    b) NO
- How does your child adapt to changes in environment, regime, how does it react to new situations, people?

- Does your child have any negative experience from earlier (long hospital stay, accident, divorce)? Does it still manifest itself now?

5. SELF-CARE, HYGIENE, EATING

- My child dresses:
  a) themselves
  b) with assistance
- In personal hygiene my child:
  a) is independent (uses the toilet themselves, asks to be taken to the toilet, uses toilet paper)
  b) needs help
  c) does not know basic hygiene habits
- Does your child wear nappies during the day? YES/ NO
- Does your child wear nappies during the night? YES/ NO
- Does your child ask to be taken to the toilet? YES/ NO
- Dining: My child
  a) eats independently, uses cutlery
  b) eats independently with a spoon
  c) needs help when eating
  d) drinks from a cup / spout cup
- Can your child sit at the table while eating?
  a) YES
  b) NO (please specify)
- At meals my child is:
  a) independent, eats almost everything
  b) needs to be encouraged to eat
  c) is picky, refuses some foods
- My child's favourite meal
- My child does not like
- Does your child have breakfast before arriving at the playgroup? YES/ NO

6. COMMUNICATION

- What name or form of name do you call your child at home?
- With unfamiliar adults my child communicates:
  a) without any problems
  b) with shyness, is more likely to answer questions than initiate communication
  c) does not communicate at all, is silent
- Mother tongue?
- In a multilingual household, what other language is used to communicate with the child?
- If the mother tongue is not Czech:
  a) My child understands Czech: YES/ NO
  b) My child can speak Czech: YES/ NO
  c) My child uses only some Czech words, which ones?
- My child's speech is intelligible: YES/ NO
- My child can express their needs: YES/ NO
- Does your child use words or gestures to communicate? Please specify
- My child understands simple instructions: YES/ NO

7. Family

- Does your child live in a complete family? YES/ NO
- Is care and upbringing provided mainly by one parent?
  a) YES (please specify which one)
  b) NO, both parents contribute equally to the upbringing

- Does your child have siblings?
    a) YES (indicate ages and names)
    b) NO
- How do they get along?
- Does your child have a regular routine at home? YES/ NO

Would you like to point out any other facts that we have not asked about?
If yes, please do so here:

Date:

Signature:

Thank you very much for taking the time to complete the questionnaire. This is the first information about your child that will help us to provide good care for your child in the playgroup.