

**Livonia Nursery, Inc.**  
**A Cooperative Preschool**  
**Parent Interview Sheet**

Please bring this form with you to your interview with the teacher

1. Child's Full Name \_\_\_\_\_ 2. Nickname \_\_\_\_\_
3. Favorite Song \_\_\_\_\_ 4. Favorite Toy \_\_\_\_\_
5. Favorite TV Show \_\_\_\_\_ 6. Favorite Relative \_\_\_\_\_
7. Type of pets at home and their names \_\_\_\_\_  
\_\_\_\_\_
8. Siblings names and ages \_\_\_\_\_  
Child's placement in family \_\_\_\_\_
9. Best Friends \_\_\_\_\_
10. Has your child attended Nursery School before? \_\_\_\_\_
11. What, if any, "away from mom or dad" experiences has your child had? \_\_\_\_\_  
\_\_\_\_\_
12. Does your child have any allergies or medical problems I should be aware of? \_\_\_\_\_  
\_\_\_\_\_
13. What are your hopes for your child this year? \_\_\_\_\_  
\_\_\_\_\_
14. What do you feel is the most important part of pre-school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Does your child have any behavior problems that I should know about? \_\_\_\_\_  
\_\_\_\_\_
16. Are there any transitions at home that I should know about? \_\_\_\_\_  
\_\_\_\_\_
17. Are you concerned about separation anxiety with your child? \_\_\_\_\_
18. Do you have any additional comments or concerns about your child coming to school in the fall? \_\_\_\_\_  
\_\_\_\_\_

Would you like to be a substitute teacher for me if needed? YES or NO

Name and Phone  
\_\_\_\_\_