

Questionnaire for Parents

1. General Information

Student's preferred name: _____ Student ID: 0060

Questionnaire filled by: ☐mother ☐father ☐other (please specify) _____

2. Understanding student's Interests

A. What are some specific songs that s/he enjoys singing?

B. What types of toys does s/he like to play with? (cars, Lego, etc)

C. Are there any specific activities or games that engage her/him the most?

D. What does s/he like to watch on TV/online?

3. Attention Span

How would you describe your child's attention span during activities?

- A. ☐ Very focused (long periods) How many minutes? _____
- B. ☐ Generally focused (some distractions)
- C. ☐ Frequently distracted (short periods)
- D. ☐ Very short attention span (easily loses interest)

In what types of activities does s/he show the most focus?

How does your child react when her/his attention is not engaged?

- A. ☐ Becomes restless
- B. ☐ Starts playing with other items
- C. ☐ Leaves the activity
- D. ☐ Becomes aggressive
- E. ☐ Other (please specify): _____

4. Supporting your child's Learning

- What strategies have you found helpful at home to support your child's focus or engagement?

- Are there particular rewards or incentives that motivate her/him (e.g., stickers, praise, extra playtime)?

- How does s/he respond to structured routines? Does s/he like consistency?

- What kind of support would you like from us?

- What are your expectations for your child from our course(s)?

5. Classroom Environment

- Are there any specific accommodations that you believe would help your child in the classroom? (A quiet area for breaks, frequent movement breaks, visual supports like charts and pictures etc.)

- How does your child react to group activities? Does s/he prefer working alone or with others?

- Is s/he receiving any support from her/his school? Please share details.

6. Emotional Support

- How does your child typically express frustration or restlessness? (Select all that apply)

- A. ☐ Withdraws
- B. ☐ Becomes disruptive (e.g., turning over chairs)
- C. ☐ Cries or shows distress
- D. ☐ Other (please specify): _____

- What strategies have worked best for calming your child during these moments? (Select all that apply)

- A. ☐ Talking it out
- B. ☐ Giving him space
- C. ☐ Redirecting his attention
- D. ☐ Breathing exercise
- E. ☐ Other (please specify): _____

7. Communication and Feedback

- Are there specific concerns you have regarding your child's social interactions?
A. ☐ Yes (please specify): _____
B. ☐ No
- How can we work together to ensure the best outcomes for your child in the classroom?

8. Additional Comments

- Is there anything else you'd like to share about your child that might help us support her/him better?
A. ☐ Yes (please specify): _____
B. ☐ No

Any other comments

This questionnaire aims to gather insights that will enable teachers to create a supportive learning environment tailored to your child's needs.