

Questionnaire Admission Interview/ Development Discussion

Name of the child:

Participants in the conversation:

Date:

What family members does your child live with? With whom does it interact the most?	
What is your child's favorite toy/game?	
Does your child play with children the same age?	
Please describe your child's behavior in situations of separation! What has helped your child , in your opinion, to cope in these situations,?	
Are there situations or things that scare your child ?	
What language is spoken at home?	
Which holidays do you celebrate in your family?	
Are there any religious rules the kindergarten should consider?	
How would you describe your child's eating behavior? (Autonomy, rituals, preferences, dislikes)	
Which food allergies or individual dietary restrictions need to be considered?	
How would you describe your child's sleeping behavior? (Rituals when going to sleep)	
Is your child able to use the restroom on their own?	
Which diseases are you aware of? (Medication)	
Is there any further information, that is important to you?	