



Preschool Enrichment Rest Time Questionnaire

Please complete this form and return it to the front desk or email it to twolfe@goldenpondschool.com as soon as you are able. Thank you for your help!

Child's Name: _____ **Date:** ___/___/___

1. Does your child take a daily nap? If so, at what time and for how long?

- Yes, my child naps Sometimes No, my child does not nap

Starting at: _____ Length of nap: _____ hours

2. Describe your rest time routine at home.

3. Is your child able to self-soothe and fall asleep on his own or will your child need help? What techniques do you use at home?

- Self-soothes Needs help

Techniques used: _____

4. Will your child need to wear a Pull-Up/diaper at rest time? yes no

5. When your child wakes from rest time what is his demeanor?

- Happy Sad Alert Groggy Other (specify) _____

6. We provide the children with a toothbrush and toothpaste and oversee the brushing of teeth before rest time. Is your child able to brush his teeth independently?

- Yes No

7. Is there anything else you would like to share with us about your child's rest time routine?

