



Family Questionnaire

Child's Name	Nickname
Date of Birth	Gender
Primary Language at Home	Allergies/Other Health Conditions

Family Composition

Mother's Name	Father's Name
---------------	---------------

Are there any special family arrangements, such as shared parenting or custody specifications?

Please list the names/ages of any other children in the family

Are there any cultural or religious practices of your family of which we should be aware (dietary restrictions, clothing, head coverings)?

Please list the names/types of pets at home

Are there any changes or transitions that your child has recently experienced or is experiencing (moved from crib to bed, new home, death of family member, friend or pet, etc.)?

Health and Nutrition

Has your child had their vision and hearing checked? _____ YES _____ NO	Please list any vision/hearing concerns
---	---

Does your child currently receive any of the following services?

_____ Early Intervention _____ Hearing and Speech _____ Other (please list) _____

How often does your child drink during the day?	What types of foods does your child like?
---	---

Does your child dislike any food?	Are there any foods your child should not be given?
-----------------------------------	---

Is your child toilet trained? _____ YES _____ NO	If no, have you started the toilet training process? _____ YES _____ NO
--	---

If you have started toilet training, please explain your process (is assistance needed, words, signs or gestures your child uses)

Are there things that frighten your child (vacuum cleaner, alarms, the dark etc.)? If so, how does he/she react and what do you to comfort him/her?

What time does your child normally go to bed and wake up?

Does your child nap? _____ YES _____ NO	If so what time and how long?
---	-------------------------------

Does your child have trouble sleeping (night terrors, trouble relaxing)?

Does your child need any special routine or items to fall asleep?

What is your child's mood upon waking up (happy, grouchy, clingy, slow to wake up etc.)?

Play and Social Experiences

Has your child been in care before?

_____ Center Based _____ Home Daycare _____ Nanny _____ Home with Parents _____ Head Start

_____ Other _____

How did your child do there?

How does your child get along with other children?

What is your child's temperament (please check all the words that describe your child's personality)?

_____ Shy _____ Aggressive _____ Friendly _____ Withdrawn _____ Likes structure/routine

_____ Excitable _____ Social _____ Happy _____ Active _____ Adventurous

_____ Affectionate _____ Creative _____ Stubborn _____ Outgoing Other _____

How does your child prefer to play?

_____ Alone _____ With Other Children _____ With Adult _____ With Caregiver

How does your child express his/her feelings?

What routines/actions do you use to comfort your child?

What methods do you use to respond to your child's challenging behavior?

Education Goals and Expectations

What are you and/or your child excited about as he/she starts in this program?

How would you like to be involved?

Will your child be entering kindergarten next year?

_____ YES _____ NO

If yes, what school will he/she be attending?

Describe your child's strength's and interests

What Development/ Educational Goals do you have for your child (ex: learn to recognize/write name, learn colors and shapes, learn letters and numbers, learn to share, make friends, learn to cut with scissors, learn English)?

Cognitive	Physical Large and Small Motor	Social/Emotional	Language/Literacy	Math and Science

Parent Signature

Date

Lead Teacher Signature

Date