

Family Questionnaire

Help us to become better acquainted with your child so that we can make this year a wonderful experience for your child. This information will help us to meet your child's needs and plan a program that will be fun and filled with learning that is appropriate to his or her development. Thank you for your cooperation with this important process.

Child's name _____ Child's Age _____ yrs _____ mos
Nickname _____ Birth Date _____

Please list all the adults living in your household.

Name	Relationship

Please list each child in the family with their age and gender:

Name	Age	Sex

Is there a language other than English spoken in the home? _____
Which one(s) _____

Does anyone in the family read or write in a language/alphabet other than English? _____
Which one(s) _____

What is the cultural/ethnic heritage of the family? Does the family have special customs or traditions? What are they?

Spiritual/Religious Affiliation? _____

Place of worship?

Does either parent travel for work often? _____

What holidays does the family celebrate that are special to their ethnic/cultural heritage? _____

What are your child's interests and at-home play activities? _____

What kind of pets does your child have? _____

What foods does your child dislike? _____

Does your child nap or rest regularly in the afternoon? If so, for how long? How long does it take your child to fall asleep?

Does he/she have special routines or a special animal or book for rest periods?

The following questions are asked to help us serve any special needs your child may have within a program that is inclusive of all children. All information will be kept confidential.

Does your child have any food allergies? _____

Does your child have any chronic conditions or take medication regularly? _____

Does your child have fears (e.g., storms, animals, insects, etc.)? _____

Does your child have a physical disability? _____

Does your child have any difficulties with language or learning? Please explain. _____

Did your child receive Early Intervention? (Y/N) _____ Please explain. _____

Is your child receiving any special services such as physical therapy, speech therapy, or behavioral therapy?

_____ Who is providing these services? _____

How well does your child follow rules and expectations within the home? _____

What methods do you use at home to motivate your child to follow rules and meet expectations? _____

Please describe recent family events or changes (e.g., death, divorce, new sibling, moving, etc.)? _____

Has your child attended school before? Describe the experience and your child's reaction to it. _____

What else would you like us to know about your child? _____

A partnership between home and school is essential to a successful early childhood program. Thank you for helping us to better serve your child.