

## 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. This information will be kept in a confidential file and discarded at the end of the school year. If you are uncomfortable with answering any of the items, please feel free to skip it. 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 (M or F)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is 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? \_\_\_\_\_

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

What are you hoping to have your child gain from this preschool experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

(Please turn over and complete questions on the other side of questionnaire.)

Does your child nap or rest regularly in the afternoon? If so, for how long? Does your child have difficulty going to sleep at night?\_\_\_\_\_

**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.\_\_\_\_\_

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 pre-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. We would be grateful for your help.**

I would be willing to be a classroom helper when needed once every other month or so.

I am not available during the day, but I am willing to contribute to the program when I am needed.