

Family Questionnaire

This family questionnaire helps the teachers at Smart Start gain a better understanding of your child and will help to plan a program designed to meet your child's needs. If there is any question you prefer not to answer, skip that question and move to the next question. The more we know about your child, the better prepared we will be to teach him/her.

Child's Name _____ **Date of Birth** _____

Does your child have a nickname? If so, what is it and would you prefer we use it in the classroom? _____

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	Gender (M or F)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child was born in _____.
(State or Country)

His/her mother was born in _____.
(State or Country)

His/her father was born in _____.
(State or Country)

Is a language other than English spoken in the home? Yes No

Which one(s) _____ My child is most comfortable speaking _____.

Does your child have any food allergies/restrictions? _____

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

Does your child receive any support services through Early Intervention or CPSE? _____
If yes, though what agency? _____

Do you have any concerns about your child's speech or language development?

Any concerns about your child's social or emotional behavior?

Has your child attended daycare or pre-school before? Describe the experience and your child's reaction to it.

Is your child toilet trained? (Y / N) If no, has toilet training been attempted? (Y / N)

Does your child communicate his/her need to use the bathroom? (Y / N)

Do you have a pet at home? If yes, what type of animal is it? What is its name?

Do you celebrate birthdays? Yes No

Tell us something about your culture, customs and traditions as well as the holidays your family celebrates.

Is there any additional information about your holidays that we need to be aware of?

What types of activities does your child enjoy doing at home? _____

Please provide us with any additional information about your child that you would like us to know. _____

According to our themes, parents are welcomed to visit the classroom and share their information with the class. Check as many of the following topics that you may be interested in sharing with the class. In addition, if there is something we did not mention, feel free to share it with us below!

Stories (books)

Favorite food

Crafts

Song/Instruments

Items related to your culture

Hobby

Information about your job

Would you be interested in helping in the classroom?

I would be willing to help during a neighborhood walk or field trip.

I would be willing to help in my child's class when needed.

If yes, please check the days you are available:

Monday

Tuesday

Wednesday

Thursday

Friday

I am not available during the day.