

General Family Information

Family Structure

- (1) How many children are in your family?
- (2) Do any members of your extended family live with you? Please name them.
- (3) Who else has cared for your child?
- (4) What type of residence do you live in?

Home Environment: Activities, Traditions, Beliefs, Etc.

- (1) How does your family like to relax?
- (2) Explain; describe your family's favorite activities.
- (3) Do you have pictures of your parties or celebrations?
- (4) Do you prepare special foods to celebrate holidays? If so, which kind of foods?
- (5) Are there any foods not eaten in your home for special reasons (medical, religious, etc.)?
- (6) Do you listen to music or dance in your home?
- (7) Do you have tapes or CD's that we can borrow and play for the children?
- (8) Does any family member play an instrument?
Which one(s)? _____
Would you be willing to visit the center and play for the children?
- (9) Do you or a family member tell the children stories or sing songs from your own or their childhood?
- (10) What heroes, celebrations, songs, stories, and toys could we include that would represent and support your cultural heritage?
- (11) Does your family celebrate birthdays? If so, how?

Parenting

- (1) What words does your child use for urination? Bowel movement?
- (2) Describe your child's eating schedule.
- (3) What foods does your child like? Dislike?
- (4) Describe your child's sleeping and napping schedule.
- (5) How do you put your child to sleep?
- (6) Does your child share a bedroom? If so, with whom?
- (7) Does your child sleep in the same bed as someone else? If so, with whom?
- (8) How does your child relax or soothe herself/himself?
- (9) What are your child's favorite activities?
- (10) How do you discipline your child?
- (11) How do you handle the following situations?
 - Toilet training
 - Sharing
 - Messy play
- (12) Who does your child play with at home?
- (13) What are your child's responsibilities at home?
- (14) What rules does your child follow at home?
- (15) What do you like best about your child?
- (16) How would you describe your child?
- (17) Is there anything else you would like to tell us about your child and/or your family?

Previous Experience

- (1) What previous group experiences has your child had (Day Care, Sunday school, playgroups, or other)?
- (2) How has your child been prepared for this pre-school experience?

(3) Has your child experienced any of the following in the last 6 months?

- Moving _____
- Birth of another child _____
- Serious illness _____
- Death in the family _____
- Divorce _____
- Other _____

Ethnic Background (optional)

(1) What is your ethnic or cultural background?

(2) How do you identify yourself?

(3) What countries, regions of the United States, or particular ethnic group does your family come from?

(4) How often do you travel there? Do your children go with you?

(5) Do you have mementos from your trips?

- * Photos _____
- * Posters _____
- * Clothes/costumes _____
- * Music/Instruments _____
- * Foods _____
- * Crafts/art work _____

(6) Would you be willing to share any of these with your child's classroom?

(7) What is your church affiliation or religious background?

(8) What values do you feel are important for your child to learn?

(9) How can we validate and support your family's lifestyle here?

Language Background

(1) What language(s) is spoken in your home?

(2) What language(s) does your child speak when talking to:

- * You? _____
- * The teachers? _____
- * Friends? _____

(3) What language(s) have you heard your child speak most often?

(4) How comfortable are you speaking and reading English?

Completed by: _____ Date: _____