

# Getting to Know You!

We want to know you and your child the best we possibly can. By taking the time to fill out the following information, you are supplying us with invaluable information. The more we know, the better we can do our jobs. This form will be provided to your child's teacher to aid him or her in providing the best possible care for your precious angels. Thank you for taking your time to let us in to your life.

## I. YOUR FAMILY

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Other Children in the family:

Name	Sex	Age
_____		
_____		
_____		
_____		

Additional members of household \_\_\_\_\_

What part do these other persons have in the care of your child? \_\_\_\_\_

Has/Is your child separated from his parents for long periods of time, and if so why? \_\_\_\_\_

Have you moved frequently? \_\_\_\_\_

What language is usually spoken at home? \_\_\_\_\_

II. Development in Early childhood

Comment on the health of the mother during pregnancy\_\_\_\_\_

Comment on the health of your child during delivery and infancy\_\_\_\_\_

When did your child walk?\_\_\_\_\_ When did your child talk?\_\_\_\_\_

Is your child adopted?\_\_\_\_\_ Does he/she know?\_\_\_\_\_

Is your child potty trained?\_\_\_\_\_ Child's terminology\_\_\_\_\_

Does your child need help when going to the bathroom?\_\_\_\_\_

Does your child need reminding about going to the bathroom?\_\_\_\_\_

Does your child usually take a nap?\_\_\_\_\_ At what time?\_\_\_\_\_

Describe any special needs, handicaps, or health problems\_\_\_\_\_

Does your child have any difficulty saying what he/she wants or do you have any trouble understanding his/her speech?\_\_\_\_\_

III. EATING HABITS

What is your child's general attitude towards eating?\_\_\_\_\_

What foods does your child especially like?\_\_\_\_\_

For which meal is your child most hungry?\_\_\_\_\_

Does your child feed himself entirely?\_\_\_\_\_

Does your child dislike any food in particular?\_\_\_\_\_

Is your child on a special diet?\_\_\_\_\_

Does your child take a bottle? \_\_\_\_\_ How Often \_\_\_\_\_  
Formula \_\_\_\_\_ Breast Milk \_\_\_\_\_ Milk \_\_\_\_\_ Juice \_\_\_\_\_

Does your child eat or chew things that are not food?  
Explain? \_\_\_\_\_

Do you have any concerns about your child's eating habits?  
Explain? \_\_\_\_\_

Is there any food your child should not eat for medical, religious, or personal reasons?  
\_\_\_\_\_

Does your child have any food allergies? Explain?  
\_\_\_\_\_

IV. PLAY AND SOCIAL EXPERIENCES

Has your child participated in any group experiences?  
\_\_\_\_\_

Did your child enjoy it?  
\_\_\_\_\_

Do other playmates visit your child?  
\_\_\_\_\_

How does your child relate to other children?  
\_\_\_\_\_

Does your child prefer to play alone? \_\_\_\_\_ With other children? \_\_\_\_\_

Does your child worry a lot or is he/she afraid of anything? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any pets? \_\_\_\_\_

What are your child's favorite toys and/or activities? \_\_\_\_\_

What is your child's favorite TV program? \_\_\_\_\_

How long does your child watch TV each day?  
\_\_\_\_\_

What are your child's favorite books?

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How many times a week is your child read to?

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Is there anything else about your child's play or playmates which the school should know?

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V. DISCIPLINE

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage? \_\_\_\_\_

What concerns do you presently have about your child?

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How are these concerns dealt with?

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VI. PARENT'S IMPRESSIONS AND ATTITUDES

From your point of view, what were the events which seemed to have had the greatest impact on your child (moving, births, illness, divorce)

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How would you describe your child at the present time? What changes have you seen in your child during the past year?

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Does your child have any behavior characteristics which you hope will change? \_\_\_\_\_

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In what ways would you like to see your child develop during the school year? \_\_\_\_\_

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Signature of person filling out this questionnaire