



## Getting To Know You

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

### Family Composition Questions:

- Tell me about your household: Who lives there:
  - Name \_\_\_\_\_ and relationship to child \_\_\_\_\_.
  - Name \_\_\_\_\_ and relationship to child \_\_\_\_\_.
  - Name \_\_\_\_\_ and relationship to child \_\_\_\_\_.
  - Name \_\_\_\_\_ and relationship to child \_\_\_\_\_.
  - Name \_\_\_\_\_ and relationship to child \_\_\_\_\_.
- What is your child's primary language? \_\_\_\_\_ Parent's Primary Language? \_\_\_\_\_
- Does your child have any parents that do not live in the home? Yes / No
  - Does your child visit this parent? Yes /No
  - Are there any custody issues that we should discuss? Yes / No\_\_\_\_\_
- Does your family have any pets (type and name)? \_\_\_\_\_
- Does your child respond to any nicknames? \_\_\_\_\_  
Does your child have any nicknames for family members? \_\_\_\_\_
- What are some of the occupations represented in your family? \_\_\_\_\_
- Would you be willing to visit the classroom to share any of these professions? Yes / No
- What are some of the cultures or countries represented in your family? \_\_\_\_\_
- What are some of the holidays, customs, celebrations or traditions celebrated by your family?  
\_\_\_\_\_
- Would you be willing to come to the classroom to share some of these with us? Yes / No
- What are some of foods or recipes representing your family or culture? Which is your favorite to eat and prepare? \_\_\_\_\_
- Is there any other information about your family's composition that you would like to share?  
\_\_\_\_\_

### Child Information

- Has your child been in an early learning program or child care before? Yes / No If yes, would you share some information with us?
  - Where? \_\_\_\_\_
  - When? \_\_\_\_\_ For how long? \_\_\_\_\_
  - What kind of care (family day care home, relative/neighbor care, group, center)?
  - Is there a reason for leaving that program that you would like to share with me?  
\_\_\_\_\_
- Describe your child's temperament and personal style so we can provide appropriate support/  
\_\_\_\_\_



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- What are some of your child's favorite things? What are his or her best qualities?  
\_\_\_\_\_
- Are there any special problems or fears that we should know about?  
\_\_\_\_\_
- Does your child do any of the following:  
Nail biting? \_\_\_\_\_ Thumb sucking? \_\_\_\_\_ Stuttering? \_\_\_\_\_
- Any special needs? Medical: \_\_\_\_\_,  
Developmental: \_\_\_\_\_,  
Social: \_\_\_\_\_,  
Mental health: \_\_\_\_\_
  - Do any of these special needs require special care by our teachers?  
\_\_\_\_\_
  - Does your child have an IEP (Individualized Education Plan) or ISFP (Individualized Family Service Plan)? Yes / No
    - If so, we would like a copy of the plan so we can provide the best possible learning experience for your child.
    - What program or individuals work with your children in regards to these special needs?  
\_\_\_\_\_
    - Would you sign a release of information with them so they can speak with us about how to provide enhanced support to your child? Yes / No
- Does your child have any allergies?
  - Food Allergies \_\_\_\_\_
  - Environmental Allergies \_\_\_\_\_
  - Allergies to medicine \_\_\_\_\_
- How are your child's allergies treated? \_\_\_\_\_
- Do you have any special medical or dietary information for management in an emergency situation (medicine to keep on hand, people to call, etc.)?  
\_\_\_\_\_
- Describe your child's schedule:
  - Normal bedtime \_\_\_\_\_, waking time \_\_\_\_\_,  
nap time \_\_\_\_\_ and duration \_\_\_\_\_.
  - Meal times \_\_\_\_\_
- Is there information that will help us make the first few days in our program easier for your child?  
\_\_\_\_\_  
\_\_\_\_\_
- Is there other information you would like to share? \_\_\_\_\_