

LANE CHILD AND FAMILY CENTER

Child and Family Information

Classroom: _____

Date: _____

Child's Name: _____

Parent's Name: _____

Lane Child and Family Center uses an emergent curriculum. This means that we base much of our planning on the interests of the children and their families. As such, we would like to learn more about your child and family. Please take a moment to complete this questionnaire. Answer as many questions as you feel comfortable with. Please be assured your responses will be kept confidential. Our sole purpose is to gather information for the benefit of your child in our collaborative community. We appreciate your time and attention in responding to this valuable tool.

My Child's Family and Social Connections

1. Who lives with your child in his/her house? _____

2. Are there other family members/friends your child regularly spends time with? _____

My Child's Primary Language/Culture/Heritage

3. What language is primarily spoken in your home? _____

4. Is there another language your child is hearing or learning? _____

5. What is your family's cultural/ethnic heritage: _____

My Child's Interests

6. What are your child's favorite toys or games? _____

7. What indoor and/or outdoor activities does your child enjoy most? _____

My Child's Temperament

8. How would you describe your child's temperament/personality? _____

9. Does your child have any particular fears: _____

10. What works well to calm or soothe your child: _____

11. What discipline or guidance techniques do you use with your child: _____

(Over)

My Child's Eating Habits

- 12. My child: Likes most foods Is sometimes picky Has preferred foods
- 13. My child's favorite foods are: _____
- 14. My child dislikes these foods: _____

My Child's Sleeping Habits

- 15. My child has a regular bedtime schedule: Yes No
- 16. What time does your child usually go to sleep at night and wake up in the morning? _____
- 17. My child naps at home: Yes No Sometimes for how long? _____
- 18. My child sleeps better: With a back rub Left alone Doesn't usually sleep May need help resting quietly

Family Expectations

- 19. My expectations or goals for my child's experiences at preschool are: _____

General Information

- 1. Please describe any recent major changes, difficulties, or crises in your family that may have affected your child:

- 2. Please give any information concerning your child that you feel will help us provide better care: _____

- 3. Please list any concerns you have about your child's development: _____

Family Involvement

- 4. I would like to be involved in my child's preschool by: Assisting planning an event Volunteering in classroom
Preparing classroom materials at home Other: _____
- 5. I'm interested in participating in the program: Regularly Occasionally Once in a while
- 6. What is the best method to communicate with you about your child?

Email Phone Conference Written messages