Preschool Family Questionnaire

Your responses on this questionnaire will help us to learn more about your child. There are no "right" or "wrong" answers to the questions.

Child's Full Name:	Date of Birth:
Does your child go by any other names at ho	ome? If so, please list:
What languages are spoken in the home?	
Does your child have any siblings? If so, plea	se list names, ages and grade/school
Who lives in your child's home with them? P	lease list relationship and name (ie. Nana - Tina, cousin -
Rob)	
What special occasions or holidays does you	r family celebrate?
Who else helps care for your child if you are	not home? (le. babysitter, daycare, older siblings, etc)
	/child care setting?
Are you able to participate in parent involved best for you?	ment activities? If yes, how often and which days/times work
PLEASE TELL US ABOUT YOUR CHILD:	
Describe a typical weekday for your	child:

2.	Describe a typical weekend for your child:
3.	What are two things that your child likes to do best?
4.	What are two things your child does not like to do?
5.	Describe your child's personality.
6.	Is your child potty trained? Yes, able to use bathroom independently Working on potty training, may need some assistance Not potty trained at this time
PLEAS	E TELL US ABOUT YOUR CHILD'S DAY:
1.	What is your child's normal nap time? Bedtime?
2.	How long does your child normally sleep at nap? At bedtime?
3.	Where does your child normally fall asleep? (ie. in their bed, couch, in your arms, etc)
4.	Tell us about your child's eating habits. What do they normally eat for breakfast? What do they like to eat most? Is there anything they will not eat?

5.	How many minutes of screen time does your child usually have? What do they watch/do on their screen?
	would you like us to know about your family, its identity, your values, your heritage, cultural es, etc. to help us best welcome and support your child?