Family Questionnaire

About the Student:

Birth Date: _____ Age: _____ Center/Home Base: _____

About the Family:

Biological Mother's Name: _____ **Lives With □ Yes □ No**

Step-parent/Guardian Name: _____ **Lives With □ Yes □ No**

Biological Father's Name: _____ **Lives With □ Yes □ No**

Step-parent/Guardian Name: _____ **Lives With □ Yes □ No**

Phone number(s): _____

Best time to call parents: _____

Step-parents/Other Guardians: YES/NO – if yes, please list. _____

_____

Individuals living in the home:

Name	Date of Birth (Age)	Relationship to the Child

1. **Has your child experienced parental separations, divorces or death? YES/NO – if yes, please explain.**

   _____

   _____

2. **If parents are separated, what is the custody situation?** _____

   _____

3. **Has your child ever experienced any major accidents (possible concussions) or major illnesses? YES/NO – if yes, please explain.** _____

   _____

Other Child/Family Information:

4. **Is your child potty-trained? □ Yes □ No**

6. **Does your child nap? □ Yes □ No**

7. **Time they typically wake up?** _____ **Time they typically go to bed?** _____

8. **Does your child use utensils at meal time (fork, spoon, regular cup)? □ Yes □ No**

9. **Does your child get sick often? YES/NO – if yes, please explain.**

_____

_____

10. **Has your child, or anyone in your family, ever received psychological counseling or therapy? YES/NO – if yes, please explain.** _____

_____

11. **Has your child ever been physically or sexually abused? YES/NO – if yes, please discuss with the Family Service Coordinator.** _____

_____

12. **Does your child struggle with an emotional, behavioral, or learning disorder? YES/NO – if yes, please explain.** _____

_____

13. **What are your child's interests (hobbies, sports, etc)?** _____

_____

_____

14. **What concerns do you have about your child?** _____

_____

15. **What does your family enjoy doing together?** _____

_____

_____

16. **What does your family's daily routine look like?** _____

_____

_____

17. **What holidays doesn't your family celebrate?** _____

_____

18. **How can Head Start best help your child and your family?** _____

_____

_____

19. **Other information pertinent to this assessment:** _____

_____