

“Getting to Know You” Personal/Family History Questionnaire

Names of Meeting Attendees: _____

Meeting Dates: Enrollment _____ Getting to Know You: _____

Child's Name _____

Date of Birth _____ Child's Race _____

Child's Personal History

Type of Birth _____ Normal _____ Premature, any complications? _____

Child's Place of Birth: City: _____ State: _____ Country: _____

At what age did child begin to crawl? _____ walk? _____ talk? _____

What language does your child speak? _____ English _____ Other _____

Does your child primarily speak in: _____ singular words? _____ sentences?

Primary language spoken in the home: _____

Members of the household and their relationship: _____

Age of child when mother returned to work? _____

Social Relationships

Does the child spend time with both parents? _____ Yes _____ No

If parents are separated, how often does your child see the absent parent? _____

Has your child previously attended a childcare center/preschool? _____ No

_____ Yes, where _____

By nature is your child _____ friendly? _____ aggressive? _____ shy? _____ withdrawn?

How do you feel your child will adjust to childcare/preschool? _____

How does your child relate to strangers? _____

What makes your child angry or upset? _____

How does your child show her/his feelings? _____

Who does most of the disciplining? _____

Is your child frightened by any of the following: _____ animals? _____ dark? _____ storms?

_____ loud noises? _____ other? _____

Does your child have any special attachments? _____

What activities does your child enjoy? _____

What activities doesn't your child enjoy? _____

Additional information about your child: _____

Health

What communicable diseases has your child had? _____ Measles (Big Red)

_____ Mumps _____ Chicken Pox _____ Whooping Cough _____ Other _____

Any serious illness or hospitalization? _____ No _____ Yes _____

Any physical disabilities? _____ No _____ Yes _____

Any known allergies? (Asthma, Hay fever?) _____ No _____ Yes _____

Are there medication given regularly? _____ No _____ Yes _____

Toilet Habits

Can the child be relied upon to indicate her/his bathroom wishes? ____ Yes ____ No

Does your child have frequent accidents? ____ Yes ____ No

How does your child react to them? _____

Sleeping Habits

What time does your child go to bed? _____ Awaken? _____

Does your child nap? ____ Nap schedule: _____

Family History

Mother's place of birth: _____
State, County

Father's place of birth: _____
State, County

Did child's grandparents or great-grandparents come from another country? _____
Person(s)/Country? _____

Cultural Values

What is the child's family's cultural/ethnic/religious heritage? _____

What special customs, traditions or holidays does the child's family celebrate? _____

Is independence of a child valued in the birth culture? _____

Is eye contact viewed as respectful or a sign of disrespect? _____

Is the culture loud or quiet? _____

In what ways does YOUR culture affect how you view a child's social development?

I have been given the opportunity to share questions and concern during the completion of the Ages & Stages Social and Emotional screening tool with my child's teacher.

Parent signature: _____ Date: _____

If "Getting to Know You" is refused:

Date of refusal by parent: _____ Signature _____