

Manor ISD Child Development Center

Family Questionnaire



Please introduce us to your child. This information is for the confidential use of the teachers who will be working with your child. Answers beyond yes and no are helpful. If a question is not applicable, please just state N/A.

Child's Full Name _____ Does child go by a nickname _____

Date of Birth: _____ Biological Sex _____

Ethnicity: Are you Hispanic or Latino? Yes No Prefer not to answer

Race (**Please circle all that apply** American Indian/Alaska Native Asian Black or African American Native Hawaiian/Pacific Islander White Prefer not to answer

Family preferred language: _____

If other than English, please provide common phrases used for the Teacher

Please list other children in the family (excluding the child in this report):

Name _____ Name called _____ Biological Sex _____ Age _____

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Please list other family members child sees on a regular basis:

Name _____ Name called _____ Relationship to child _____

Name _____ Name called _____ Relationship to child _____

Name _____ Name called _____ Relationship to child _____

Names and types of family pets

Marital status of parent's _____

If parents are divorced, name of custodial parent _____

Name of stepparent _____

Health Information:

What are your child's dietary preferences? _____

Will your child require an Allergy Action Plan due to the use of an Epi-Pen? Yes No

Is your child being breast-fed? _____ Bottle-fed. _____ formula? _____ NA _____

Is your child normally a good eater? _____ Does the family have mealtime together? Yes No

Developmental Information:

Please list the names of any programs or special services, i.e. speech / occupational / physical therapy that your child is receiving

(Please note: children receiving services will require an Individual Education Plan to be coordinated by the School/parents/therapists)

Is child potty trained? What words are used regarding bathroom use? _____

Do you use cloth diapers? Yes No (Please note: cloth diapers will need to be accompanied with a sanitary plastic bin and plastic bags for pick up at the end of the day)

Does your child have any fears? If so, how are you dealing with them? _____

Does your child nap? Yes No How long? What times of the day? _____

Does your child have a "lovey"? Yes No what is it called? _____

Does your child have a pacifier? Yes No

Does your child sleep well at night? Yes No what time does child normally go to bed? _____ Wake up. _____

Does your child follow a regular routine? _____ How does he/she react to changes? _____

Behavioral Information:

What is child's temperament? slow to warm / cautious easy / flexible active / feisty

How does your child show anger? _____

How do you handle it? _____

What method of behavior management is used in your home? _____

How does your child react? _____

Family experiences that have influenced child, such as a move, serious illness or recent vacation? _____

Does your child have play dates? Yes No

Are these positive experiences? Yes No

Does your child enjoy playing alone? Yes No

Favorite play materials _____

Favorite indoor activities _____

Favorite outdoor activities _____

Does your child enjoy a daily reading experience with an adult? Yes No Sometimes

Favorite shows and/or characters _____ Does your child enjoy music? _____

In Your Words:

What are your expectations regarding your child's experience at Manor ISD Child Development Center?

Please give us more information about your child or family that you think would be helpful for us to provide the best care and Education.
