



### Family Questionnaire

Child's Name: \_\_\_\_\_ Pronunciation? \_\_\_\_\_

Does this name have a particular meaning or translation? \_\_\_\_\_

What name/nickname do you use for your child? \_\_\_\_\_

Parent/Guardian 1 name: \_\_\_\_\_ Pronunciation? \_\_\_\_\_

Parent/Guardian 1 country of origin: \_\_\_\_\_

Parent/Guardian 1 native/home language: \_\_\_\_\_

Parent/Guardian 1 occupation/research interests: \_\_\_\_\_

Parent/Guardian 2 name: \_\_\_\_\_ Pronunciation? \_\_\_\_\_

Parent/Guardian 2 country of origin: \_\_\_\_\_

Parent/Guardian 2 native/home language: \_\_\_\_\_

Parent/Guardian 2 occupation/research interests: \_\_\_\_\_

Where else has your family lived and when?

States: \_\_\_\_\_ Time frame: \_\_\_\_\_

Countries: \_\_\_\_\_ Time frame: \_\_\_\_\_

What language or languages do you use to talk to your child?

Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Do you speak or expose your child to any other languages?

Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

If your child has siblings, please list below:

Name	Relation to child	Age	Languages used with child

Who else does your child spend time with besides you? (Please include, aunts and uncles, cousins, grandparents, family friends, and child care providers.)

Name	Relation to child	Languages used with child

Please estimate how many English words your child knows (select one):

Less than 10                      10-50                      51-100                      101-200                      more than 200

What foods does your family enjoy eating? \_\_\_\_\_

What is your child's favorite/least favorite food? \_\_\_\_\_

What does your child usually use when eating (select all that apply)?

Fingers                      chopsticks                      fork and spoon                      fed by parent/guardian

Do you belong to a particular religious group (select one)?    Yes    No

If yes, which one? \_\_\_\_\_

Are there any food restrictions associated with your religion (select one)?    Yes    No

If yes, please list? \_\_\_\_\_

*\*Food restrictions require additional paperwork, please see front desk*

**At Becky Gates Children's Center, we love to see the diversity of cultures and life experiences for our families. We welcome parents/guardians to come to the classrooms to share their cultures, interests, and hobbies with other children.**

What holidays does your family celebrate and how do you celebrate them?

Holiday:	How Celebrated:

Do you have any family traditions that are not connected to holidays? If so, please describe.

Would you be willing to come into the classroom to share about your family traditions or holidays that you celebrate (select one)?    Yes    No

What hobbies or talents do people in your family have? \_\_\_\_\_

Would you be willing to come into the classroom to share your hobbies or talents (select one)?  
Yes    No

What are your child's favorite play materials/special interests? \_\_\_\_\_

How does your child let you know her or she needs to use the toilet? \_\_\_\_\_

Do you consider your child potty trained (select one)?    Yes    No

Sleeping Patterns at home:

Time he/she wakes up: \_\_\_\_\_ Naptime: \_\_\_\_\_ Bedtime: \_\_\_\_\_

Does your child go down for naps easily (select one)?    Yes    No

If no, explain: \_\_\_\_\_

Does your child have any fears (ex. Storms, dark, animals)?

\_\_\_\_\_

Please complete the following sentences:

When my child is with a group of children, I would expect my child to

When my child needs help from an adult, I would expect my child to

If my child is misbehaving in class, I would expect the teacher to

If my child is unhappy in class, I would expect the teacher to

The most important thing my child can learn in class this year would be

Is there any other information you would like to give us about your family or your child?

Thank you!