

Family Intake Questionnaire

This form is used to gather information about the Children and Families that we serve. Families are encouraged to fill out the questionnaire as completely as possible within the family's comfort level. Any question may be left blank if the family does not wish to share the information. Thank you for your time and participation!

Child's Name _____ Date: _____

Person Completing this form: _____ Relationship to the Child: _____

1. Tell us about your family and your family's background (State any information that you are willing to share such as, siblings, who lives in your home, where you may have lived previously etc.)

2. Tell us about Holidays, Traditions, and/or Customs that your Family observes and explain how you observe it (what activities that you do, what food that you eat , music that you listen to, clothing that you wear, or artifacts that you use that represent your culture etc).

3. Would you be willing to bring these items in and discuss with our other classes? Do you sing, play an instrument or know of someone who does that would come in and share this music with our Children? If so please note availability.

4. What kinds of things do you do as a Family? How do you spend your free time? (Sports participation, Tv watching, Pets in the Home, Games Etc.)

5. Here is a small list of qualities that families view as qualities as desirable for their Children to recognize and value. Which, if any, do you consider to be especially important? Mark N/A if not important to your family values.

Rank from most important to least (1 being the most important)

- Independence
- Hard Work
- Feeling of Responsibility
- Imagination
- Tolerance and Respect for Others
- Community Involvement
- Determination, Perseverance
- Religious Faith
- Unselfishness
- Obedience
- Self-Expression

6. Are there any other areas that your family values not listed above? If so please name and explain those values below.

7. Is there anything that you would like to tell us about your Child's Temperament? (What Calms them when they are upset, frustrated or excited?)

8. How would you describe how your Child learns about the world around them (i.e. Fearless, tries everything in sight, cautious etc.)

9. What is the most important thing that we should know about your Child?

10. How do you want me to Communicate with you?

In Person Phone Email

