Program: PT FT T2
Parent Pre-Conf: _____
Age Category: I T P
Date: _____

Family Intake Survey

General Information:
Child's Name: _____ Nickname:_____
Family members that live with your child: _____

Ethnicity (optional)
_____ Hispanic or Latino
_____ Not Hispanic or Latino

Race (optional)
_____ Caucasian
_____ African-American
____ American Indian
_____ Pacific Islander
_____ Asian
_____ Other

Public School District you reside in: _____
Preschool only-has your child participated in preschool screening? _____ When: _____

Communication:
What primary language is spoken at home: _____ Is there a secondary language: _____
Describe your child's language abilities:_____
What is your child's most effective way of communicating? _____
Do you have any concerns about your child's ability to communicate? _____

Social Development:
Has your child had previous child care or group experience? _____ Where?_____
How long? _____Describe your satisfaction with this experience: _____
Does your child have playmates? _____ If so, what age/gender? _____
How well does she/he get along with other children? _____
What are your child's strengths? _____
_____
Does your child have any challenging/difficult behaviors? If so, please describe:
_____
Has your child ever received special education or therapeutic services, or assessment? _____
If yes, describe:_____

Behavioral/Emotional:
Characteristic behavior (indicate words best describing your child)

Calm	Excitable	Easily angered	Independent	Cries easily	Happy
Cheerful	Stubborn	Aggressive	Gives in easily	Quiet	Active
Whining	Cooperative	Wants own way	Has temper tantrums	Sensitive	Shy
Nervous	Helpful	Friendly	Outgoing	Cautious	

What behavior do you consider most difficult to deal with? _____
Describe discipline used at home:
_____
_____
Describe any fears your child may have and how you have handled them: _____
How do you calm/comfort your child?_____
What is your child's favorite toy? _____ Favorite activity? _____

Large Muscle/Motor Development:
What large muscle activities does your child enjoy? _____
Are there any activities your child is cautious about?_____
Any motor concerns you may have?_____
Do you consider your child: _____under-active _____average _____over active?_____

Toilet Training/Diapering:
Is your child bladder trained? _____ Is your child bowel trained?_____
Child's words for urinating:_____ bowel movement:_____
If not trained, what type of diapers do you use?_____

Eating/Sleeping Habits:
Does your child feed him/herself? _____ What is his/her favorite food? _____
What is your child's current eating schedule? _____
Does your child have diet restrictions? _____ If yes, please list: _____

What is your child's current sleep pattern (naps/bedtime)? _____
Does your child sleep alone? _____
Does your child use a pacifier, blanket or something else for sleeping? _____
How does your child fall asleep? _____
Is there anything else we should know about your child's sleep routine? _____

Medical Information:
Does your child currently take any prescription medication? If yes, please list: _____
Does your child have any food allergies? If yes, please list: _____
Does your child have any medical conditions that we should know about, including but not limited to asthma, seizure disorder, or diabetes? If yes, please list: _____

Special Needs: _____**None**
Is your child currently, or in the process of being evaluated for a special need?_____
Check and describe any special developmental needs your child has that we should be aware of or possible attend to:

Speech/Language:	Motor Development:	Self-Help Skills:	Attention Span:
Emotional Development:	Social Development:	Behavioral Problems:	Others:

Indicate if there is anything you want our Child Development Coordinator to observe/assess or address regarding any of the above needs: _____

Your Expectations:

What is most important to you for your child's early childhood education experience?
_____
_____

What is the best way to stay in contact with you? _____

Are there any specific areas of development, interests, or concerns you want us to be aware of when planning activities for your child's age group?
_____

Any other information about your child you would like to share? _____
_____

Parent Signature: _____ Date: _____