

Family Questionnaire

This form is used to gather information about the children we serve. Families are encouraged to complete this questionnaire as thoroughly as possible within the family's comfort level. Any question may be left blank if the family does not wish to share the information.

Child's Name: _____

1. Tell us about your family and your family's background. (For example- does your child have any siblings, which family members live in your home, where have you previously lived, etc.):

2. Tell us about the holidays, traditions and/or customs that your family observes and explain how you observe it (what activities do you do, what food do you eat, favorite music to listen to, clothing you wear or artifacts that you use that represent your culture, etc.):

3. Tell us about some of the different occupations and professions in your family:

4. What kind of things do you do as a family? How do you spend your free time? (For example- does your family participate in sports, watch TV, do you have pets in the home, do you play games, etc.):

5. Here is a 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.

____ Independence ____ Hard Work ____ Respect ____ Feeling of Responsibility

____ Imagination ____ Religious Faith ____ Obedience ____ Self-Expression

6. Are there any other areas/qualities that your family values?

7. Is there anything you would like to tell us about your child's temperament? (For example- what calms your child down when he/she is upset, excited or frustrated?):

8. How would you describe how your child learns about the world around them? (For example- is your child fearless/does he/she try everything in sight, is your child cautious, is his/her approach slow and steady, etc.):

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

10. What is your preferred method of communication?

____ Text Message

____ Phone Call

____ Note/In-Writing

____ Email Message

____ Face-to-Face Communication

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE...

WE LOOK FORWARD TO OUR PARTNERSHIP! 😊