

# Family and Child Needs Assessment

Please fill out the following information so that we can provide appropriate services to your child and your family.

**Child's Name:** \_\_\_\_\_ **Child's Birth Date:** \_\_\_\_\_

1. Please list you child's family:

Name	Relationship	Age	Lives in home? (Yes or No)

2. Are both of the child's parents living in the home? Yes \_\_\_ No \_\_\_ If you answer no, please answer the following:

Who has shared custody of the child? Please provide copy of custody papers if needed. _____ If there is an absent parent, how much time does the child spend with that parent? _____ Is the absent parent allowed to take the child from the center? _____ Are there any problems with the arrangement or special instructions for us? _____ _____
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- 3. What languages are spoken in the home? \_\_\_\_\_
- 4. What language does your child use most often? \_\_\_\_\_
- 5. How much English does your child know? None \_\_\_ Some \_\_\_ Fluent \_\_\_

Child's name: \_\_\_\_\_

6. Do you have any concerns about your child's language development? What are your goals for your child in regards to language development and literacy? Explain.  
\_\_\_\_\_
7. The children will be wearing name tags. What name do you wish to use for your child's name tag?  
\_\_\_\_\_
8. What time does your child go to bed? \_\_\_\_\_ What time does your child get up? \_\_\_\_\_
9. Are most of your child's experiences with adults or children? \_\_\_\_\_
10. Has your child had other experiences with childcare or preschool? \_\_\_\_\_
11. What are your child's special interests or abilities?  
\_\_\_\_\_
12. What are your child's favorite foods? \_\_\_\_\_
13. What are your child's favorite toys or activities? \_\_\_\_\_
14. Do you discipline your child? Do you feel he/she responds to your discipline style?  
\_\_\_\_\_
15. What is your child afraid of? Has your child had any very frightening experiences?  
\_\_\_\_\_
16. How does your child express frustrations? \_\_\_\_\_
17. What word does your child use for going to the bathroom? \_\_\_\_\_
18. Does your child use the bathroom independently?  
\_\_\_\_\_
19. Do you have any concerns about your child in any of the following areas?  
Hearing Vision Speech Motor Skills Learning/Cognitive Development  
Social Development Physical development Behavior/Emotional Development
20. Do you have concerns about your child's health we should know about?  
\_\_\_\_\_
21. Does your child suffer from asthma? Yes \_\_\_\_\_ No \_\_\_\_\_
22. Does your child take medications? Yes \_\_\_\_\_ No \_\_\_\_\_
23. Is your child allergic to any foods, medications, or other? What are they?  
\_\_\_\_\_
24. If so, what types of symptoms does he/she experience?  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

25. Are there any foods you do not want your child to have due to religious and cultural reasons?

What foods? \_\_\_\_\_

26. Has your child been stung by a bee? Yes \_\_\_\_\_ No \_\_\_\_\_

27. Is your child allergic to bee stings? Yes \_\_\_\_\_ No \_\_\_\_\_

28. We wish to include every child's culture into our classroom. Would you be willing to share your ideas or time with us? Explain.

\_\_\_\_\_

29. Do you need information or assistance for your family in any of the following areas?

Food stamps _____	Welfare _____	Family planning _____
Medical _____	Dental _____	WIC program _____
Counseling _____	Parenting _____	Other: _____
Smoking cessation _____		

30. Is your child or family working with other agencies or support services that we need to be aware of? (Speech Therapy, CPS, ELI, NBRC, SCOE etc.)

\_\_\_\_\_

31. What do you feel is important for your child to learn in preschool?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Is there anything else we should know about your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. As a parent I would like to learn more about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. How did you learn about our school? Friend \_\_\_\_\_ referral \_\_\_\_\_ Other: \_\_\_\_\_

THANK YOU FOR COMPLETING THIS INFORMATION.