



Peralta Community College

District

Children's Centers

Campus: Laney Merritt

FAMILY QUESTIONNAIRE

Child's Name: _____ DOB: _____ Date: _____

Family Member's Name: _____ Relationship: _____

Signature: _____

Child's Primary Language: _____ 2nd Language: _____

With whom has the child been living with for the most of the past year?

Father Mother Both Other: _____

Other children in the family? Younger – ages: _____ Older – ages: _____

Dear Family Member:

Please take a few minutes to complete the following form. Your answers will help us to plan and carry out classroom activities that are tailored to the needs and interests of you and your child while attending the Children's Center.

1. Does your child have any allergies? (i.e. any medications, peanuts, strawberries, dogs, cats, etc.)
2. Is your child taking any prescription medications?
3. Does your child have physical limitations? Is any special care needed?
4. Does your child have any medical conditions we should know about? (i.e. diabetes, epilepsy, etc.)
5. Does your child have any mental health conditions we should know about? (i.e. schizophrenia, bi-polar disorder, etc.)
6. What do you think is unique about your child?

7. What are some of the things your child enjoys doing or is interested in?
8. What are some of the things you enjoy doing with your child?
9. Does your child play with other children his/her own age?
10. Have you left your child in the care of another adult (babysitter, childcare, relative, etc.)?
11. How long does your child do an activity s/he enjoys?
12. How long does your child watch T.V. or plays on the computer each day?
13. How often do you read to your child, tell her stories about your childhood, folktales or made-up stories?
14. When you want your child to learn something, how do you help him learn it?
15. What holidays or special events do you celebrate with your child?
16. Do you have any worries about your child?
17. What do you want your child to learn during this year in the Children's Center?

➤ Physical skills

- | | |
|---|--|
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Kicking a ball |
| <input type="checkbox"/> Running | <input type="checkbox"/> Jumping rope |
| <input type="checkbox"/> Skipping | <input type="checkbox"/> Riding |
| <input type="checkbox"/> Catching a ball | <input type="checkbox"/> Pedaling a bike |
| <input type="checkbox"/> Pumping on a swing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cutting | |

➤ Self-help skills

- | | |
|--|---|
| <input type="checkbox"/> Asking a teacher for help | <input type="checkbox"/> Wiping nose |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Changing clothes |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hand washing | |

➤ Social skills

- | | |
|--|--|
| <input type="checkbox"/> Sharing | <input type="checkbox"/> Small group activities |
| <input type="checkbox"/> Waiting a turn | <input type="checkbox"/> Conflict resolution |
| <input type="checkbox"/> Interacting with peers | <input type="checkbox"/> Expressing feelings appropriately |
| <input type="checkbox"/> Interacting with adults | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Large group activities | |

➤ Academic/thinking skills

_____ Solving puzzles

_____ Matching

_____ Developing language skills (speaking 4-6 words)

_____ Recognizing shapes, colors, letters and numbers

_____ Writing name

_____ Sorting

_____ Other: _____

18. Please take a moment and check the phrases that best describes your child:

_____ Foot is always wiggling.

_____ Can sit still and quiet.

_____ Shy around strangers.

_____ Likes to meet new people.

_____ Eats and goes to bed at the same time.

_____ Eats and goes to bed at different times.

_____ Takes shoes off whenever s/he can.

_____ Isn't bothered by wet, messy clothes.

_____ Gets really mad.

_____ Doesn't get upset easily.

_____ Likes things his/her way.

_____ Adapts to change.

_____ Likes plenty of alone time.

_____ Likes to always be with others.

_____ Likes to watch a while before joining.

_____ Eager to join an activity.

_____ Keeps trying an activity/skill.

_____ Moves on to other interests.

_____ Is always in a good mood.

_____ Frequently fussy.

_____ Frequently drops what s/he is doing to do something else.

_____ Not easily distracted when involved in something s/he likes.