

**Child's Full Name**

**Child's Date of Birth**

**Three Words My Family Would Use to Describe Me**

**My Family is Proud of the Way I**

**When I am Mad or Frustrated I Usually**

**My Family Would Describe Me as**    **Easy-going**    **Slow-to-Warm-Up**    **Spirited**    **Difficult**

**Please Explain**

**My Pets**

**My Favorite Story**

**Things I Like to Eat**

**My Favorite Things to Do**

**For a Special Reward I Like**

**My Dislikes are**

**I am Afraid of**

**My Sleep-Time Calmers/Comforts are**

**I am Allergic to**

- Yes    - No   My child worries a lot or is afraid of things
- Yes    - No   My child naps
- Yes    - No   My child sleeps less than 8 hours/day
- Yes    - No   My child needs help going to the bathroom
- Yes    - No   My child wets his/her pants

How does your child act with adults s/he doesn't know

How does your child act with a few children his/her age

How does your child act with a group of children his/her age

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**ALL ABOUT ME / ALL ABOUT MY FAMILY**  
**Family and Family History/Heritage/Traditions**

The purpose of this survey is to acknowledge and support each child and family's culture. The information will be used to implement culturally relevant programming in the classroom and throughout the program.

**Significant People in My Child and Family's Life**

**Where are You/Your Child From**

**Important Things that have Happened in Your Family's Life**

**Your Family's Interests/Hobbies/Family Activities**

**FORM B**

[Type here]

**Cultural Celebrations, Holidays, Special Activities/Ethnic Practices**

**Languages Spoken by Your Family**

- Yes     - No    Would You be Willing to Come into the Classroom and/or Share Your Time and Ideas?  
(Including recipes, songs, art, books, gardening, woodworking, lesson ideas or other areas of interest)

**Any Other Information You Would Like us to Know**