

What was the first language your child learned to speak?
___ English ___ English and _____ Other _____

What language(s) do you speak most at home now?
___ English ___ English and _____ Other _____

Has your family within the past 18 months ever been homeless? _____ NO _____ YES

If YES, what was the living arrangement?
_____ Shelter _____ Unsheltered _____ Hotel/Motel _____ Doubled Up _____ w/ other family

List names and relationship to child of all family members (adults and children) living in the home

_____	_____	_____
Name	Relation	Age
_____	_____	_____
Name	Relation	Age
_____	_____	_____
Name	Relation	Age
_____	_____	_____
Name	Relation	Age
_____	_____	_____
Name	Relation	Age
_____	_____	_____
Name	Relation	Age

EDUCATION/EMPLOYMENT

Relation to child: Mother Father Guardian Foster Care

What is the highest grade or year of school that parent/guardian/caregiver has completed?

- Education:
- _____ No Formal Schooling
 - _____ Less the 8th grade
 - _____ Some High School
 - _____ High School Diploma
 - _____ GED
 - _____ Some College
 - _____ College Degree
 - _____ Graduate Degree
 - _____ Don't Know

Is the parent/guardian currently working?

_____ Employed: Employer/Occupation _____
Place of Employment: _____
Address of Employment: _____
_____ Unemployed

Since birth has your child ever been hospitalized? ___YES ___NO How many times? _____

Reasons for Hospitalizations?

Does your child have any special needs or disabilities? (physical, emotional, Speech, hearing, learning)
 _____ NO _____ YES _____ NOT SURE

Describe your child's special need(s)

- _____ A speech impairment
 _____ A language impairment
 _____ An emotional/behavioral disorder
 _____ A hearing impairment
 _____ Blindness
 _____ A visual impairment
 _____ An orthopedic impairment
 _____ Autism/Pervasive Developmental Delay
 _____ Traumatic brain injury
 _____ Non-categorical/Developmental delay
 _____ Other (Please specify) _____
 _____ Don't know

Does any other family member have a disability or special need?

_____ No _____ Yes If yes, Relation to child _____

Special Need _____

Does your child have any other health-related issues? If yes, please describe?

PROGRAM QUESTIONS

Has your child participated in a play group, or attended Nursery School or Preschool previously?

_____NO _____YES If yes, Program and Dates _____

Is your child currently in a Birth to Three Program? _____ No _____ Yes

Has your child participated in a Birth to Three program in the past? _____ No _____ Yes

If yes, Program _____ Dates _____

CHILD ACTIVITIES

What are your child's favorite indoor activities?

What are your child's favorite outdoor activities?

How much do you play with your child each day? (Scale 1 – 5 1- Not at all, 3-Sometimes, 5 Everyday)

1 2 3 4 5

What are your favorite activities to do with your child?

How many hours per day does your child watch television? _____

Do you own a computer, tablet or smartphone? __ NO __ YES If yes, # of hours per week child uses the device? ____

PARENT INVOLVEMENT

How many times have you or someone in your family read to your CHILD in the past week?

____ Not at all ____ Once or twice ____ three or more times ____ Everyday

How many books does your child have?

____ None ____ 1 or 2 ____ 3 to 9 ____ 10 to 19 ____ 20 or more

Who usually reads to the child? _____

How much does your child like to be read to? (*Scale 1 – 5 1- not at all, 3-Sometimes, 5 Everyday*)

1 2 3 4 5

What are your child's favorite books?

In a typical week, how often do you do each of the following with your child? Enter appropriate number from scale 1 – 5 for each question. (*1- not at all, 3-Sometimes, 5 Everyday*)

- _____ Teach about numbers or arithmetic
 _____ Teach about letters
 _____ Play make believe/pretend games
 _____ Play outdoor games with child
 _____ Tell stories to child
 _____ Do art or music activities with child

OVERALL DEVELOPMENT

Place an X in the column that best describes your level of concern for each area of development.

	My child is doing OK	I'm a little Worried	I'm somewhat Worried	I'm very worried
General development				
Health				
Motor skills				
Understanding and Thinking Skills				
Language skills				
Self-help skills				
Social skills				
Vision				
Hearing				

Is there anything that worries you about your child? If so, please explain:

HEALTHY EATING AND WELLNESS

What is your child's general attitude toward eating?

What foods does your child especially like?

For which meal is your child most hungry?

Does your child feed himself/herself entirely?

Does your child dislike any food in particular?

Is your child on a special diet?

Does your child take a bottle?

Does your child eat or chew things that are non-food items?

Explain:

Is there any food your child should not eat for medical, religious or personal reasons?

Are you able to eat meals together?

Do you have concerns about your child's eating or sleeping behaviors? If so, please explain:

What things do you enjoy most about your child?

Social Situational questions

1. Does your child look at you when you talk to him?
2. Does your child laugh or smile when you play with her?
3. Does your child greet or say hello to familiar adults?
4. Does your child like to be hugged or cuddled?
5. When upset, can your child calm down within 15 minutes?
6. Does your child cry, scream, or have tantrums for long periods of time?
7. Do you and your child enjoy mealtimes together?
8. When you point at something, does your child look in the direction you are pointing?
9. Does your child do things over and over and can't seem to stop? (Examples are rocking, hand flapping, spinning)
10. Does your child like to hear stories or sing songs?

Child Name _____ Child's DOB: _____

Parent(s)/Guardian(s) Name(s) _____

CONFIDENTIAL QUESTIONS

Note: This page will be kept in a **CONFIDENTIAL** file in the Associate Directors Office.

Average household income last year (include wages, SSI, government assistance, and alimony)

- None
 Under \$10,000
 \$10,000-\$19,999
 \$20,000-\$39,999
 \$40,000-\$59,999
 \$60,000-\$79,999
 \$80,000-\$99,999
 over \$100,000

Is your family currently receiving services or financial assistance from a Town, State, or Federal program: (please mark ALL that apply)

- Medical financial assistance (i.e. Medicaid/Medicare)
 Food stamps
 Public Assistance/Welfare (i.e. TANF/AFDC)
 WIC
 Social Security Income (SSI)
 Foster care/Adoption subsidy
 Unemployment
 Public housing assistance
 Energy program assistance
 Child support/alimony
 Other: Specify _____

Is your family receiving services through the Department of Children and Families?

- Yes
 No
 Don't Know

If yes, what services are you receiving (i.e., counseling, foster care, etc.)?