

Cuyamaca College Child Development Center

Family Interview

We are requesting this information for your child's caregivers and teachers to help us in developing a secure learning environment based on what you know is best for your child. All information shall be held in confidence. You do not have to answer every question and you are free to add information.

Child's Name

Last	First	Name you wish your child to be called	Birthday
Address		City	Zip
Phone			

Parent/Custodian Names

Last	First	Relationship to the child	
Address (if different from child)		City	Zip
Phone			
E-Mail Address		Occupation	

Last	First	Relationship to the child	
Address (if different from child)		City	Zip
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Current Family Situation

People who live with your child (including you)

Name	Relationship	Age

If child is living with one parent, how often does child see other parent?

Other significant people in your child's life (including grandparents, playmates...)

Name	Relationship	Age	Where do they live? (next door, out of state...)

Primary home language? _____ Do you want letters/memo's in this language? _____

Has your child been cared for by anyone other than you? (include babysitters and child care)
If so, by whom? _____

When you separate from your child, how does your child respond? _____

How healthy is your child now? _____

Any allergies? _____

Does your child take medication regularly? If so, what and how often?

(Be sure to talk to the teacher about a medication slip)

Has your child had any serious injuries, accidents or illnesses we need to know about?

Does your child have any special needs or will they require any accommodation in order to participate in their preschool program? If so, please describe. _____

Are you willing to have your child assessed if recommended by the teacher? _____

Does your child have an I.E.P./I.F.S.P? _____ If yes, is there anyone we would need to contact?

Are you interested in having your child's vision, language development or hearing assessed?

Does your child have a physician? Yes _____ No _____

Language

Are there any language issues or concerns? _____

What languages are spoken to your child that your child understands? _____

Play and Interests

Does your child play with other children on a regular basis? (siblings, cousins, neighbors, daycare...) How often? _____

Do you have any questions or concerns about your child's social behavior? Has your child bitten or been bitten?

Does your child seem aggressive or a victim?

Do other children like to play with your child?

What activities does your child enjoy on their own/ with others? _____

How do you discipline your child? _____

Have there been any significant events in your child's life that caused a change in behavior to your child?

Does your child have any particular fears? _____

Feeding

Has your child had any feeding problems? If yes, what are they? _____

Does your child have a good appetite and show interest in food? _____

Have you noticed any allergies or sensitivities to particular foods? If yes, what are they? (i.e. peanuts, gluten, dairy, fruit.)

Has your child been exposed to peanut products? _____

Are there particular diet restrictions for your child for religious or other reasons? _____

For 18 months to toddlers:

Does your child use a bottle? _____ Cup? _____

Does your child use a pacifier? _____ If yes, when? _____

Sleeping

What time does your child usually go to bed? _____

What are your child's usual nap times? _____

How long does your child typically nap? _____

How does your child show that they are tired? _____

What are your usual nap or bedtime routines? How do you help your child go to sleep?

Does your child have a comfort object (blanket, stuffed toy, etc...)? _____

If yes, does your child have a special name for this object? _____

Diapering/Toileting

If your child is in diapers:

Is our child potty trained? _____

Are there any particular instructions for diapering? (allergies, ointments...) _____

At what age do you wish your child to begin toilet learning? _____

When you and your child are ready for toilet training, discuss with your child's teacher your view about how toilet training should be handled so that you and the teacher may develop a plan.

If your child is using the toilet:

How long has your child been toilet trained? _____

How complete is the toilet training (does your child have frequent accidents, does he or she need to be reminded...)

Does your child use a pull-up at naptime? _____

How does your child let you know when they need to use the toilet? _____

What are your child's words for:

Bowel movement _____ urination _____

A gentle reminder: Often a major change in a child's life, such as a change in childcare or a parent returning to school, can cause a setback in toilet training. We'll do everything we can to support your child's toilet habits, but be prepared for accidents the first few weeks. This doesn't reflect on you or your child. This is normal behavior.

If there is anything else you wish to share with us, please let us know. Our goal is to get to know your child and your parenting style so we can provide care that is comfortable for both of you and consistent with your values.

Are you or a family member available to volunteer? _____

If so what days and times? _____

See Back Page.

RACIAL/ETHNIC IDENTITY: You are not required to answer these questions.

If you choose to do so, please mark one or more of the following **racial** identities:

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- White

Please mark one of the following **ethnic** identities:

- Hispanic or Latino
- Not Hispanic or Latino