Community Action Team, Inc.
CHILD & FAMILY DEVELOPMENT PROGRAMS

About My Child

Child's Name: _____ Site: _____

Parent/Guardian Name: _____Date: _____

This survey gives us a little more information as we get to know your child. As the first and most important teacher for your child, you have valuable knowledge and insights that will help us support you and your child during visits, socializations, and as they transition to school.

1. What are your hopes for home visits or the first few days of school?

2. What ideas do you have for how we can best support your child at home and school?

3. What kinds of activities does your child do in a typical day?

4. What things is your child really interested in?

5. What is something your child does that makes you smile/laugh?

6. Have there been any big changes in your child's life in the last twelve months? i.e. new sibling, move, marriage/divorce, etc.

7. What helps your child when he/she is upset? i.e. hugs, a favorite item, time by self, etc.

8. Is there anything else you would like us to know about your child?