



Developmental History/Family Communication Questionnaire

(This form is confidential. It will be read by the directors and your child's teacher ONLY)

Name of Child: _____

Nickname: _____ Gender: _____ Birth Date: _____

Address: _____

Best phone number and email address for parent/guardian teacher communication:

Parents'/Guardians' Names:

Is there any guardianship issue of which we should be aware? _____

Parents'/Guardians' Hobbies/Interests/Connections to Community Helpers
(Police/Firefighters/EMTs, for example) that could enhance our CCNS' curriculum or
benefit the school:

Other children in the family (names and ages): _____

Other people living in your home:

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Child's Primary Language _____ Language(s) spoken in the child's home _____ What languages are used to speak to the child on a regular basis and by whom? _____
_____ Would you like CCNS to provide you with a translator for meetings? _____

Does your child have any restrictions to his/her activities for religious or cultural reasons?

What special days do you celebrate in your family and how do you celebrate them?

How would you like CCNS to support or reflect on these celebrations?

What concerns, if any, do you have about holiday celebrations and/or activities?

Please share the name(s) of any family members likely to occasionally fulfill the parent participation role in the classroom:

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Do you have a regular babysitter who will be dropping off or picking up? YES / NO
If yes, please share his/her name and phone number.

Does your child have any previous group experience with other children?

Are there any emotional, health or physical concerns which we need to know about that may affect your child's day in school?

Has your child experienced any separation anxiety?

What are some of the things your child likes to do?

Did your child experience any difficulties during pregnancy, birth or early infancy?

What kind of eater is your child?

Does your child have any food restrictions for religious, cultural, dietary or medical reasons?

Is your child self-toileting?

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What kind of sleeper is your child? Does your child nap?

Have you noticed any problems with your child related to speech or hearing?

Does your child have any specific fears, such as animals, noises, or storms?

How does your child react when he/she is hurt?

Does he/she have any comforting device?

Has your child had any experience with death or divorce? How did you explain?

How does your child feel about doctors and dentists?

What ways of setting limits or enforcing family rules have you found most successful with your child?

Are the adults raising the child in agreement about discipline?

How does your child respond when disciplined?

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What are your goals for your child this year?

Are there any specific areas in which you would like us to help your child this year?

Is there any other information you would like us to know?

Are you interested in being a substitute teacher in any of our classrooms? _____
If so, what is the best way to reach you early in the morning? _____

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