



## Developmental History/Family Communication Questionnaire

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

Name of Child: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

\_\_\_\_\_

Parent(s)/Legal Guardian(s) 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Where Children Learn Through Play



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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Where Children Learn Through Play



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.

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

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

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Has your child experienced any separation anxiety?

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

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

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What kind of eater is your child?

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

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### Where Children Learn Through Play



Is your child self-toileting?

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

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

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

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

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Does he/she have any comforting device?

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

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How does your child feel about doctors and dentists?

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

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Are the adults raising the child in agreement about discipline?

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### Where Children Learn Through Play



How does your child respond when disciplined?

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What are your goals for your child this year?

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

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

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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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### Where Children Learn Through Play