



Initial Intake Questionnaire

General

Child's Name _____ Gender _____

Street, Town, Zip Code _____

Home Phone _____ Email _____

Best Contact Phone _____ Emergency Phone _____

Emergency Contact Person _____

Date of Birth _____ Place of Birth _____

Is your child adopted? _____ At what age? _____

Answers to the following areas helps us to better understand your child as an individual.

Family and Home

Father's Name _____ Occupation _____

Interests:

Business Phone _____ Cell Phone _____

Mother's Name _____ Occupation _____

Interests:

Business Phone _____ Cell Phone _____

Status of Parents: *Please circle*

Married

Divorced

Single

Separated

If divorced, who has custody of child?

Is there any legal documentation we should be aware of? (sole custody, restraining order)

Who is the primary caregiver of the child during the day and what is his/her relationship to the child?

Who do we contact first in an emergency? _____

Who are the members of the family that your child sees daily or weekly? _____

Do you have any pets? _____

Does your child have a favorite toy or lovie and when does he/she need it? _____

Please describe a typical day when your child is not in preschool. _____

I'd love to know more about your family's culture, beliefs and traditions. Are there ways I can support and celebrate your family traditions? _____

Would you be interested in and able to share a tradition or celebration with our classroom? _____

Health

Please describe the overall health of your child. _____

Please describe your child's eating habits to include preferences or dislikes. _____

Does your child have allergies? If so please describe. _____

1. Does your child take medication for this? How often? _____

2. Has your child had a severe reaction? Please describe. _____

Does your child have sensitivities? If so please describe. _____

1. Does your child take medication for this? How often? _____

2. Has your child had a severe reaction? Please describe. _____

Is your child toilet trained? _____

What health history should I know about? _____

Has your child received any outside services like Birth to Three? If so, please explain.

Does your child have any physical limitations? _____

Are there any adaptations I need to make in the classroom to accommodate him/her?

Has your child had difficulty with vision, speech or hearing? _____

Comments: _____

Are you seeking special assistance for this? _____

Please describe. _____

Temperament

How does your child approach new things and people? _____

How strongly does your child express his feelings when excited or angry? _____

How sensitive is your child to touch, sounds, taste and light? _____

Does your child have fears I should know about? _____

Does your child have any habits I should know about? _____

Language: *For most two year olds, language skills are still developing and vary greatly. These questions are meant to help me to learn about your child.*

What is your family's home language? _____

Please tell me about your child's language skills. How well do you and others understand him?

What does he enjoy talking about? _____

Gross and Fine Motor

Please tell me about your child's physical abilities. Is he able to do most things he wants to do physically like run, climb, dance, paint and draw? _____

What is your child's favorite activity? _____

Approaches to Learning: *Children in this period of development are at different stages. These questions are meant to help me to learn about your child.*

Please describe your child's interest in play. Does he stay with one thing for some time or move around often. _____

What types of toys does your child enjoy? _____

Does your child enjoy sitting with books? _____

What does your child appear to be interested in? _____

Social and Emotional Development

How does he/she play and get along with others? _____

When someone is unkind to him/her, how does he/she respond? _____

What emotions do you see expressed most often? _____

What causes him/her to become angry and how does he/she express his anger?

How does your child respond to adults redirecting behavior? _____

What are your child's strengths? _____

Has your child been in other programs independently, how did your child respond? _____

Your Goals

What are your goals for your child as he/she attends Stepaway? _____

Communication

What is the best way to reach you? _____

Are you interested in Parenting Workshops? _____ Topic _____

Signature

Date