**UD Laboratory School – Family Questionnaire**

*The purpose of this questionnaire is to help the UD Lab School staff get to know your child and family.*

**Child Information**

Last name:

First name:

Nickname:

Date of birth:

Gender:

Ethnicity: Hispanic or Spanish Origin       Yes       No

Racial Identity: **Please indicate by marking with an X**

      American Indian/Alaskan Native

      Black/African American

      Asian

      Native Hawaiian/Another Pacific Islander

      White/Caucasian

      Multi-Racial Identities please specify

Language(s):

**Parents/Guardians Information**

**Parent/Guardian #1**

Last name:

First name:

Relationship to child:

Hispanic/Latino:       Yes       No

Ethnic/Racial Identity:

**Please indicate by marking with an X**

      American Indian/Alaskan Native

      Black/African American

      Asian

      Native Hawaiian/Another Pacific Islander

      White/Caucasian

      2 or More Ethnic/Racial Identities please specify

Language(s):

Occupation:

Employer Name:       Hours of Employment:

Please list any interest, skills, and/or hobbies you would like to share:

**Parent/Guardian #2**

Last name:

First name:

Relationship to child:

Hispanic/Latino:       Yes       No

Ethnic/Racial Identity: **Please indicate by marking with an X**

      American Indian/Alaskan Native

      Black/African American

      Asian

      Native Hawaiian/Another Pacific Islander

      White/Caucasian

      2 or More Ethnic/Racial Identities please specify

Language(s):

Occupation:

Employer Name:       Hours of Employment:

Please list any interest, skills, and/or hobbies you would like to share:

**Members of Your Household**

**Adults**

|  |  |  |
| --- | --- | --- |
| Name | Gender | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Siblings**

Please list all children in the family in order of birth (including this child):

|  |  |  |
| --- | --- | --- |
| Name | Gender | Date of Birth |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Other Important People** Please list other people who are important in your child’s life and their relation to your child:

|  |  |  |
| --- | --- | --- |
| Name | Gender | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Family Heritage**

Is there anything you would like us to know about your family heritage?

**Your Child at Home**

What are some of your child’s favorite activities at home?

Who does your child like to play with at home?

Are there pets in your home? Please list the kinds of pets and their names:

Are there special circumstances we should be aware of regarding your child’s home life?

**Your Child’s Group Experiences**

Has your child ever attended a group program?       If so, please describe the program(s)

In addition to the Lab School, will you child be attending another program during this school year?

If so, please indicate name and type of the program as well as days and times that your child will be attending this program:

Describe your child’s reaction when left by parent/guardian?

**Your Child’s Joys and Fears**

What brings your child great joy? Please describe:

What is your child very interested in? Please describe:

Does your child show fear of anything? If so, please describe:

**Your Child’s General Health**

Is there any information about your child’s general physical condition that is important for us to know?

How is your child’s appetite?

What foods are particularly liked?

What foods are particularly disliked but eaten?

What foods are refused?

Are any foods excluded from your child’s diet (**not** because of an allergy)? If so, please share what foods are excluded:

Average number of hours your child sleeps each night:

Does he/she usually nap or rest in the afternoon? If so, what time and for how long?

Does your child take any prescribed medications regularly? If so, please list including reasons:

Please list any serious illnesses, operations or accidents your child has had since birth:

**Allergies**

Does your child have any allergies? If so, please list:

Please describe the reaction to each allergen listed above:

Is your child receiving treatment for allergies?

**Disabilities**

Does your child have a disability?       If so, please describe:

Does your child currently have an IFSP or IEP?       **If so, please provide us with a copy**.

Is your child eligible for support services?       If yes, what services?

Does your child currently receive services?

If yes, with whom and how often do they receive services?

**Your Child’s – Developmental Concerns**

Do you have any concerns about your child’s development?       If so, what are your concerns?

Does your child have any significant social, emotional or behavior challenges? If so, please describe:

Have you consulted with a professional about any of your concerns?       If so, please list and provide copies of any evaluations.

**Your Child’s Toileting**

Please answer the following regarding toilet training:

Bladder control: Age began:       If completed, what age?

Bowel Control: Age began:       If completed, what age?

Is control now established during the day?       Night?

Does your child state the need for?

Urination? If so, what does he/she say?

Bowel Movement? If so, what does he/she say?

Is there any other information you would like us to know about your child’s toileting habits?

**For the next two items, if there is more than one parent/guardian, we ask that each one complete the items separately:**

**Parent/Guardian #1**

Please list 6 words that best describe your child’s personality:

What are your goals for your child this year?

**Parent/Guardian #2**

Please list 6 words that best describe your child’s personality:

What are your goals for your child this year?

Finally, is there any other information you would like to share with us?