Northwest Florida State College The Mary Lou O'Connor

CHILD DEVELOPMENT AND EDUCATION CENTER

FAMILY QUESTIONNAIRE

The purpose of this questionnaire is to help your child's teachers get better acquainted with him/her. If there are questions you do not wish to answer, please leave them blank.

Child's Name	Name child prefers to be called
Date Questionnaire Completed	Date of enrollment
Child's Date of Birth	Age of child when form is completed:
Name and relationship of family m	nembers in the child's home:
Primary language spoken at home	
	peliefs or preferences concerning diet, holiday celebrations, etc. that you and follow if possible?
Do you have any special concerns	about your child's development?
	experiences with young children (Sunday school, child care, family
Please name some of your child's	favorites:
Toy	Food
Book	Family Outing
Song	Other

CONTINUE ON BACK

Child's Name
What does your child do really well?
What does your child sometimes have trouble doing?
What is the most effective means you use at home for discipline or child guidance?
How do you hope that your child will benefit from attending the CDEC?
Please provide any information about your child (i.e. any concerns, recent major family events or changes)
that you would like to share with the CDEC staff?