



Mt. San Antonio College Child Development Center
Preschool Family and Social History (3 years to Kindergarten Age)

The purpose of this questionnaire is to allow the teaching staff a better understanding of your child and your family. All information is confidential.

Child's name: Last First Middle Nickname Sex Birthdate

Mother/guardian's name: Birthdate Occupation

Address City Zip code

Father/guardian's name: Birthdate Occupation

Address City Zip code

Ethnicity: _____

CURRENT FAMILY SITUATION:

_____ Married _____ Divorced How long? _____

_____ Engaged _____ Separated

_____ Living together _____ Widowed

_____ Not living together _____ No longer together

Age of child at time of change in family situation? _____

If living with one parent, does the child see the absent parent? Yes _____ No _____

If so, how often? _____

NUTRITION:

Is your child usually hungry at mealtime? _____ Between meals? _____

Favorite Foods: _____

Eating Problems: _____

Are there any foods your child cannot eat? _____

(If so, please list): _____

DAILY ROUTINE & EXPERIENCE:

When at home, what time does your child have breakfast? _____ Lunch? _____ Dinner? _____

Does your child sleep alone? _____ If not, with whom? _____

Does your child nap? _____ When? _____ How long? _____ Nightmares? _____

Bed wetting? _____ How do you handle this? _____

What physical activity does your child have at home? _____

Do you have any particular physical activity that you like to share with your child?

SOCIAL, EMOTIONAL DEVELOPMENT:

What language(s) are spoken in your home? _____

Has your child:

_____ Lived in one area most of his/her life?

_____ Lived in many places?

_____ Visited places outside his/her neighborhood?

_____ Traveled a great deal?

Has your child had previous experience with a fulltime babysitter, nursery school, center, or other childcare agency? No _____ Yes _____

If so, when? _____ How often? _____

Approximately how many hours a day does your child watch television at home?

Does anyone read aloud to your child at home? No _____ Yes _____ If so, how often? _____

When did your child begin playing with other children? _____

If your child had a choice, will he/she spend most of his/her free time with friends or alone?

What is your child's favorite activity? _____

Is your child affectionate? _____

What are the things your child seems to fear? _____

Has your child had any frightening experiences? If so, describe briefly: _____

Has your child experienced any emotional trauma (for example, divorce, separation, death, hospitalization)? If yes, please describe (use additional paper, if necessary):

PARENTING:

What are your child's responsibilities in the home (for example, chores such as feeding pets, emptying trash, etc.)?

How do you feel your child should behave? _____

What do you feel about your child's behavior at home? _____

What do you feel is the worst problem with your child's behavior at home? _____

What rules does your family have for behavior at home? _____

Parent's signature

Date

Teacher's signature

Date