



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