

## Observation and Assessment Family Survey

Teacher's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Child's Preferred Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Parent/Guardians Names \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Do you text? Yes No  
(We often share photos throughout the day of child experiences)

\_\_\_\_\_ (The following questions are intended to help the preschool teacher to become acquainted with your child. The information is considered confidential and will not be given to others without your permission.)

Household members and relationship to child (ages of siblings)

\_\_\_\_\_ Age's of child's playmates \_\_\_\_\_ Family Pet's \_\_\_\_\_  
Other classes, groups or childcare experiences:

\_\_\_\_\_ Language(s) used in the home \_\_\_\_\_  
How would you characterize your child (happy, lively, fun...)

\_\_\_\_\_ Describe current fascinations, play interests, favorite toys:

\_\_\_\_\_ Does your child have any significant fears, worries, or challenges?

\_\_\_\_\_ How can we best comfort your child?

\_\_\_\_\_ Does your child need help when meeting new adults? Yes No  
What can we do to help your child adjust to this new situation?

\_\_\_\_\_ What would you like for your child to gain from this preschool experience?

\_\_\_\_\_ Parent interests, talents, or resources that could possibly enhance this preschool program?

\_\_\_\_\_ What would you as a parent like to gain from this Preschool experience?

\_\_\_\_\_ What else would you like to add: