

**Getting to Know Your Child**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Fun things our family does:
2. What/who is important in my child’s life? (people, pets, toys, imaginary friends, place, etc.)
3. Does your child have the opportunity to play with other children?
4. How do you comfort your child?
5. What I love about my child is:
6. What else would you like us to know about your child?
7. What do you hope for your child this program year?
8. What else would you like to know about Head Start or Early Head Start?

8/1/23 EHS-HS Teams/Program Operations/EHS/Enrollment