Getting to Know Your Child and Family

nmcaa
Head Start/Early Head Start

_____

Child's Name Date

1. What my family does for fun is:

2. What/who is important in your child's life? (People, pets, toys, imaginary friends, places, etc.)

3. Does your child have the opportunity to play with other children?

4. How do you comfort your child?

5. What I love most 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?