

## **Highland Rim Head Start Curriculum Questionnaire/Parent Input**

Name of Child: \_\_\_\_\_ Family members: \_\_\_\_\_

Date: \_\_\_\_\_ Staff members: \_\_\_\_\_

The purpose of this visit is to get to know the child and family and to obtain information to better reflect the child's home. Please try to include the child and all relevant family members.

Be sensitive to family's agenda. Be clear and share how this information will be used. Begin with introductions and explanation of our Agency's mission statement and philosophy.

Explain what the child's school day (Schedule) will look like and how this information will help the staff individualize for the child.

1. Could you describe a typical day for your child? (Example: what time does he/she wake up, go to bed, do you have a story time during the day?)
2. Provide the family a copy of the classroom daily schedule and routines. Ask how do you think your child will do with the schedule?
3. What do you see as your child's strengths? Is your child shy, outgoing, adventurous?
4. Please share which schools/daycares your child has attended in the past. How did your child get along with other children and how did/will he/she respond to being away from you?
5. When playing outside or on a family trip, will your child stay with the group?
6. Are there any areas you can see your child would need assistance with? (Example: moving from one activity to another, handling feelings or stress, sharing, etc.)
7. Does your child receive special services (Ex: mental health services, Occupational/Physical Therapy and/or Speech/Language etc.)?
8. Does your child have a suspected or diagnosed disability? Does your child have an IEP/IFSP?
9. Is your child/family currently experiencing a crisis?
10. What additional information/skills do you feel might be needed by staff?

11. What support is necessary to meet your child's needs? (Example therapy, consultants, adaptations, modifications, services/equipment, etc.), the person/agency providing the service as indicated on the child's IEP/IFSP).
  
12. How do you think you and Head Start can best work together to prepare your family for public school?
  
13. What skills are you practicing at home that can be reinforced at Head Start?
  
14. What does your child show a great deal of interest in at home? (Ex: Dinosaurs, trucks, outside play etc.)?
  
15. When you volunteer at Head Start, what special interest or hobbies are you willing to share with the classroom?
  
16. Does your family have any specific ethnic or cultural traditions or cultures that you would like to share with the class throughout the year?
  
17. Does your family speak more than one language in your home? What is the primary language spoken in your home?
  
18. Does your family have any specific ethnic or cultural traditions or any customs that you would like to share with the classroom?
  
19. What traditions or customs are unique to your family?
  
20. Are there any traditional holidays that you and your family do not celebrate?

Child's Name: \_\_\_\_\_

Center: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Education Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_