

**THE FAMILY ANNEX  
BACKGROUND INFORMATION FORM**

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

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

Name used in school: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth date: \_\_\_\_\_ Place of birth: \_\_\_\_\_

**Family information**

Parent's (or guardian's) name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parent's (or guardian's) name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Siblings and their ages: \_\_\_\_\_

\_\_\_\_\_

Who does the child live with? \_\_\_\_\_

\_\_\_\_\_

Other significant people in your child's life: \_\_\_\_\_

\_\_\_\_\_

Your child's previous group or child care experience: \_\_\_\_\_

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Your child's response to the experience: \_\_\_\_\_

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Your response to the experience: \_\_\_\_\_

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Are there any separation issues for you or your child? Please describe them: \_\_\_\_\_

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**Health and other important concerns:**

Does your child have any health problems that we should be aware of? \_\_\_\_\_

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Does your child have any allergies? \_\_\_\_\_

Is there any food your child should not have? \_\_\_\_\_

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Has your child had any serious illness or operations? \_\_\_\_\_

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Does your child have any special fears? \_\_\_\_\_

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Is there anything unusual that you feel the teacher should know about your child's birth and/or early development? (Such as born prematurely etc)

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**CURRENT DEVELOPMENT**

**Language skills**

What is the child's first language? \_\_\_\_\_

Does your child speak or understand other languages? Which? \_\_\_\_\_

How well do you think your child understands English?

- Native     Good     Some     Very little     None     Don't know

*If your child does not have a comprehensive understanding of English for his/her age we ask you to please bring a list of words your child knows and that could be useful to the teacher in order to understand your child better.*

Are there any special customs or holidays that your family celebrates?

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**Sleeping routines/habits**

Usual bedtime and average sleep length: \_\_\_\_\_

Please describe your child's bedtime sleeping routines

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Usual naptime and average nap length: \_\_\_\_\_

Please describe your child's naptime routines

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**Eating habits**

Is there anything special we should know about your child’s eating habits? Strong dislikes? (Note that any food allergies should be listed under the section on health concerns)

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**Toilet training**

- Still in diapers       Going through toilet training       Already toilet trained

If applicable please describe the toilet training and words used.

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**Emotional/personal development**

How would you describe your child?

- Happy       Aggressive       Friendly       Moody       Clumsy  
 Independent       Stubborn       Impulsive       Fearful       Quiet  
 Good-natured       Even-tempered       Attentive       Sympathetic       Shy  
 Assertive       Energetic       “Precise”       Emotional

Please describe your child’s usual means of expressing discomfort or frustration.

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Please describe your child's usual means of defending his or her rights.

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Please describe your child's usual reaction to other children.

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Please describe your child's usual reactions to non-parental adults.

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Please describe your child's typical reaction to new situations and people.

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Please describe any recent events which may have been traumatic for your child.

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Please describe your limit-setting and discipline techniques.

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Please describe what usually successfully soothes your child.

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Please describe your child's favorite activities and interests.

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Please describe any concerns you may have about your child's current development.

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Please provide any other information which may help us work more effectively with your child.

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**Thank you so much for taking the time to complete this questionnaire.**