

Family and Culture Questionnaire

We would like take a few minutes of your time to ask you to fill out the following questionnaire. The information collected from the questionnaire will be used to help teachers plan and incorporate individual family traditions in activities that enhance educational success using family beliefs and cultures. We appreciate you taking the time to help. Thank you!

About Me

Childs Name:

Child's Interest:

Foods my child likes to eat:

Things my child likes to do or play with:

Fears or Dislikes:

What words does your child use to let you know she/he needs to potty?

Child learns best by: (Circle al that apply)

Seeing/hearing Feeling

My child falls asleep by (self, parent rocking, etc.):

My child has traveled to:

What items of interest from these places would you be able to share with the class?

Developmental Needs: (if any)

Concerns and/or goals:

About My Family and Culture:

Our family/families are from:

In our home, we speak:

Games we enjoy playing together:

Outdoor activities we do together:

Books we enjoy reading together:

Some recipes/food we enjoy together:

Some ethnic food we prepare in the home are:

Music we enjoy listening to together:

Some of my family traditions are:

We like to celebrate special days such as: (holidays/birthdays)

What items can you bring into the classroom to assist teachers with recognizing these specified family celebrations?

Please discuss with us your “parenting style” or child-rear practices. Are these practices part of a custom culture?

Please list all members of the household:

<u>Name</u>	<u>Relationship to child</u>	<u>What does the child call the family member</u>
1.		
2.		
3.		
4.		
5.		
6.		

Activities: What are some special activities your family participates in daily, weekly, monthly, seasonally, annually, etc. (Dancing, charities, sports, cheerleading, swimming, etc.)

Parent/Family Volunteer Opportunities

What are some customs, foods, dress, etc. from your culture that you would like to share with our Center?

Please list all skills, hobbies and talents you or a family member may wish to share:

Would you like to be called upon to volunteer within the Center?
(Ex. Reading, grounds-work, seasonal projects, field trips, etc.)

Is there any information that you feel is relevant and particular to your family, culture, customs, language, preferences, or traditions that you would like to share?

Please remember we are partners in your child's education and learning. Our goal in gathering the information on this form is to better provide for your child's unique and individual needs. None of the information will be shared with anyone other than those identified in the direct care of your child. Thank you for sharing your child with us!

-TLC Team