

# Family Intake Form

Date \_\_\_\_\_

Student Name: \_\_\_\_\_ Name of Guardian(s): \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

We speak these language(s) in our home: \_\_\_\_\_

Have you been in a childcare setting before? **(Circle one)** Yes or No

What do you enjoy doing as a family?

\_\_\_\_\_

What are some things you are working on at home with your child? (e.g. Dressing themselves, zipping zipper, counting to 20, communicating verbally etc.) \_\_\_\_\_

\_\_\_\_\_

How can we help your child reach these goals? \_\_\_\_\_

\_\_\_\_\_

Where and with whom does your child spend most of their time?

\_\_\_\_\_

What is the main way you communicate in your home (e.g. face to face, phone, text messages)?

\_\_\_\_\_

How does your child communicate? (e.g. Verbally, sign language, visual cues). What language(s) does your child prefer to speak? \_\_\_\_\_

\_\_\_\_\_

What is your child's eating habits like? Can they eat solids? Are they fussy eaters? \_\_\_\_\_

\_\_\_\_\_

What is your child's sleeping habits like? Do they nap? Fall asleep on their own?

\_\_\_\_\_

Does your child have any sensory sensitivity? (e.g. Loud sounds, food textures, sensory materials)

\_\_\_\_\_

What are your child's strengths? (e.g. loves cleaning, can read at 3 years old)

\_\_\_\_\_

What else would you like us to know about you and your family? \_\_\_\_\_

\_\_\_\_\_

For Office use only:

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