

Family Questionnaire

The following questionnaire will aide the teachers in establishing a learning environment that is respectful and reflective of all children enrolled.

Child's Full Name _____

Name Which Child Should Be Addressed in School _____

Name of Person Completing This Form _____

Relationship to Child _____

List all members living in the household, including the relationship of each to the child:

Is there something that you feel we should know about your child? (foster child, adopted, parents divorced, two mom or two dad household, being raised by grandparent or other, step parents, deceased parents, etc.)

Do you identify with a specific ethnic group (Italian, Vietnamese, German, Mexican, etc.)? _____

Check all holidays that your family celebrates:

- Valentine's Day
- Mother's Day
- Father's Day
- Easter Religious _____ Easter Bunny _____
- St. Patrick's Day
- Halloween Trick-or-Treating _____ Costumes _____
- Thanksgiving Giving Thanks _____ Historical/Euro-American Perspective _____ Historical/Native American Perspective _____ Eating Turkey/Being with family _____
- Christmas Religious Celebration _____ Santa Claus _____
- Kwanzaa
- Chanukah
- Other (please specify). Please use the back of this form or add an attachment if you need to elaborate further on this or anything else. You may list your religion if desired.