



Getting to Know Families and their Children

Building trusting, productive relationships with families and their children begins with getting to know them. This information from families will help you and your staff create welcoming, respectful connections with families and lay a strong foundation for learning throughout the year.



Promising Practices for Administering a “Beginning of Year Questionnaire for Families”

- Develop a “**Beginning of Year Questionnaire for Families**” that families can fill out over the summer or at the beginning of the school year (see a sample on the next page)
- Set aside time at the beginning of the school year or over the summer for families to fill out the Questionnaire during individual meetings with a teacher or a family worker
- Ensure that staff who are using the Questionnaire as the basis for conversations with families, rather than an interview. To partner with families in this conversation, do the following:
 - Collect the information in a sensitive and respectful manner
 - Share the rationale for collecting this information from families
 - Respect families who do not want to answer all of the questions
- Plan to provide accommodations for families who cannot complete the Questionnaire in English

Important Information to Include in a Questionnaire

CHILD INFORMATION

- Name the child prefers to be called
- The child’s strengths and special interests
- The child’s preferences (e.g., favorite toys, activities) and any dislikes
- Information on how the child has handled previous separations from parents/guardians
- Any areas in which the child may need assistance (e.g., language/communication skills, toileting)
- Any allergies, medications, asthma, or other physical needs
- Any information about the child’s learning needs or challenges
- Any other information about the child that would be useful for an educator to know

FAMILY INFORMATION

- Names and contact information of all parents/guardians
- Languages spoken at home
- Preferred language for oral and written communications
- Preferred methods of communication (e.g., phone, text, email, letters home, etc.)
- General schedule and availability of the child’s parents/guardians to come to the site
- Hopes and aspirations the family has for their child during pre-K and beyond
- Any skills, customs, or artifacts that family members would like to share with the class
- Any other information about the family that would be useful for an educator to know

Resource: A sample “**Beginning of Year Questionnaire for Families**” is on the next page.

For More Information: Email the Division of Early Childhood Education’s Family Engagement Team at PreKFamilyEngagement@schools.nyc.gov.



Beginning of Year Questionnaire for Families

Dear Families:

Thank you for taking time to complete this form. The information you provide will help us best serve you and your child. Feel free to skip any questions that you don't feel comfortable answering, but please note that the information you provide us will remain confidential. Information will only be shared with your child's classroom teacher and other necessary school personnel in order to enhance your child's learning experience and your experience as a partner in your child's education. We look forward to continuing our collaboration with you throughout the year, and we encourage you to reach out to us with any additional feedback, questions, or concerns.

PART 1: ABOUT YOUR CHILD

1. What is your child's first name?
2. What is your child's last name?
3. What does your child prefer to be called?
4. What are some of your favorite things about your child?
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5. What are some of your child's strengths or favorite things to do (For example: drawing, reading stories, playing pretend, playing outside)?
6. Does your child have a favorite toy or stuffed animal?
7. Does your child have any dislikes we should know about (For example: taking naps, specific foods)?
8. Please describe any physical, emotional, behavioral, or learning issues your child may have that you think we should know about so that we can support her or him throughout the year:
9. In what language(s) does your child communicate comfortably?



10. Will your child need help with any of the following? Check all that apply.

- Toileting
- Dressing
- Napping
- Eating

Please explain your response in the space below:

11. Does your child have any allergies (including food allergies) that we should be aware of?

Check "Yes" or "No."

- No
- Yes

If "Yes", please explain:

12. Does your child have any other medical conditions we should be aware of? Check "Yes" or "No."

- No
- Yes

If "Yes", please explain:

13. Has your child ever been diagnosed with asthma or used a nebulizer? Check "Yes" or "No."

- No
- Yes

If "Yes", please explain:

14. Is your child currently taking medications? Check "Yes" or "No."

- No
- Yes

If "Yes", please explain:

15. Has your child previously attended any formal child-care setting? Check "Yes" or "No."

- No
- Yes

If "Yes", please explain:



16. How do you anticipate your child will handle the transition to pre-K? Check all that apply.

- My child is excited to attend pre-K.
- My child struggles with "goodbyes."
- This is my child's first time being away from home for a long day.
- This will be a difficult transition for my child.

Feel free to explain your response in the space below:

17. Please let us know anything else about your child that will help us take care of her/him effectively:

PART 2: About You and Your Child's Family:

18. In the space below, please list the first name, last name, phone # and email address of your child's parents/guardians (including yourself):

First Name: _____ **Last Name:** _____

Relationship to the Child: _____ **Lives with the Child?** (check one) Yes No

Phone #: (____) - (____) - (____) **Email Address:** _____

First Name: _____ **Last Name:** _____

Relationship to the Child: _____ **Lives with the Child?** (check one) Yes No

Phone #: (____) - (____) - (____) **Email Address:** _____

19. If we need to reach you, how do you prefer that we contact you? Check all that apply.

- Phone
- Text
- E-mail
- Letters sent home

20. What time(s) of day would you prefer to be contacted by our site? Check all that apply.

- Morning (List specific hours: _____)
- Afternoon (List specific hours: _____)
- Evening (List specific hours: _____)



21. Are there specific days during the week or times of day you are available to participate in a class activity? Check all that apply.

- Monday (List specific hours: _____)
- Tuesday (List specific hours: _____)
- Wednesday (List specific hours: _____)
- Thursday (List specific hours: _____)
- Friday (List specific hours: _____)
- Saturday (List specific hours: _____)
- Sunday (List specific hours: _____)

22. What languages are spoken in your home?

23. In what language would you prefer to receive written communications from our site?

24. In what language would you prefer that we speak with you?

25. Does your child have siblings? What are their names and ages?

26. What do you think is most important for your child to learn in Pre-K this year?

27. What are your hopes and aspirations for your child for both this school year and for her/his life?



28. What skills, tradition, customs or artifacts would you like to share with our class this year?

Responses will be used to plan what kinds of family events we organize over the year.

- Musical/artistic talent
- Stories about your family's history
- Favorite family object and its history
- Foods & recipes
- Favorite games
- Songs
- Photos, information, or a cultural object from your family's country of origin
- Information about your job
- Stories or pictures from a family adventure
- Fun expressions in your native language
- Other (please describe in the space below):

29. Are there any holidays or traditions important to your family? (check one) Yes No

If so, which ones?

30. Is there anything else about your family or child that you think we should know in order to serve you more effectively?

Thank you for helping us get to know your family!

