

# Getting to Know Families and their Children



**Building trusting, productive relationships with families and their children begins with getting to know their needs and goals.** Inviting families to share what is important to them will help you and your staff create proactive, respectful, and responsive connections with families, and pave the way for transparency and inclusive decision making throughout the year.

**Early childhood best practices are also trauma-informed practices.** As an early childhood educator you are well positioned to provide the responsive, caring, and predictable environments and relationships that research has proven can mitigate stress and trauma. By administering a "Beginning of Questionnaire for Families" you are centering family, community, and social-emotional wellness at the start of school. Incorporating what you learn from this questionnaire into your everyday practices can lessen stressors for staff, families, and children, and will lend to a strong foundation for academic success.



## Promising Practices for Administering a "Beginning of Year Questionnaire for Families"

- ❑ Develop a "Beginning of Year Questionnaire for Families" that captures families' preferences, needs, and goals they have for their child in your program (see a Sample Questionnaire on the next page).
- ❑ Set aside time over the summer or at the beginning of the school year for families to fill out the Questionnaire during individual meetings with a teacher or a family worker.
- ❑ Ensure staff use the Questionnaire as the basis for conversations with families, rather than an interview. To partner with families in this conversation, consider the following:
  - ❑ Share the rationale for collecting this information from families
  - ❑ Collect the information in a sensitive and respectful manner
  - ❑ 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. Translations of the Sample Questionnaire are available on the [Building Family-Community Relationships Infohub page](#), under Additional Resources.

## Important Information to Include in a Questionnaire

CHILD INFORMATION	FAMILY INFORMATION
<ul style="list-style-type: none"> <li>→ Name the child prefers to be called</li> <li>→ The child’s strengths and special interests</li> <li>→ The child’s preferences (e.g., favorite toys, activities) and any dislikes</li> <li>→ Information on how the child has handled previous separations from parents/guardians</li> <li>→ Any areas in which the child may need assistance (e.g., language/communication skills, toileting)</li> <li>→ Any allergies, medications, asthma, or other physical needs</li> <li>→ Any information about the child’s learning needs or challenges</li> <li>→ Any other information about the child that would be useful for an educator to know</li> </ul>	<ul style="list-style-type: none"> <li>→ Names and contact information of all parents/guardians</li> <li>→ Languages spoken at home</li> <li>→ Preferred language for oral and written communications</li> <li>→ Preferred methods of communication (e.g., phone, text, email, letters home, etc.)</li> <li>→ General schedule and availability of the child’s parents/guardians to come to the site or interact virtually</li> <li>→ Hopes and aspirations the family has for their child during pre-K and beyond</li> <li>→ Any skills, customs, or artifacts that family members would like to share with the class</li> <li>→ Any other information about the family that would be useful for an educator to know</li> </ul>

### 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 Empowerment & Community Partnerships Team at [FECF@schools.nyc.gov](mailto:FECF@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 service you and your child this school year. Feel free to skip any questions that you don't feel comfortable answering, but please note that **the information you provide us will be remain confidential**, and 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?
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.

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Napping   | <input type="checkbox"/> Eating   |

Feel free to 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."

- Yes  
If "Yes", please explain:

No

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

- Yes  
If "Yes", please explain:

No

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

- Yes  
If "Yes", please explain:

No

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

- Yes  
If "Yes", please explain:

No

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

- Yes  
If "Yes", please explain:

No

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 them 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?** (Write “Yes” or “No”) \_\_\_\_\_

**Phone #:** (\_\_\_\_) - (\_\_\_\_) - (\_\_\_\_)

**Email Address:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Relationship to the Child:** \_\_\_\_\_

**Lives with the Child?** (Write “Yes” or “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. How many siblings does your child have? What are their ages?

26. What do you feel is important for your child to learn this year in pre-K?

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

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

Responses will be used to plan what kind 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 "Yes" or No."

- Yes

If "Yes", please explain:

- No

30. Is there anything else about your family that you think we should know so that we can serve you and your child effectively?

Thank you for helping us get to know your family!