

CHILD & FAMILY DEVELOPMENT PROGRAMS
Community Action Team
About My Child

Child's Name: _____ Site: _____
Parent/Guardian Name: _____ Date: _____
County _____ Family Educator _____

This survey gives us a little more information as we get to know your child. As the first and most important teacher for your child, you have valuable knowledge and insights that will help us support you and your child.

1. What are your hopes for the home visiting program?
2. What ideas do you have for how we can best support your child?
3. What kinds of activities does your child do in a typical day?
4. What things is your child really interested in?
5. Have there been any big changes in your child's life in the last twelve months? i.e. new sibling, move, marriage/divorce, etc.
6. What do you do to comfort your child when he/she is upset?
7. Is there anything else you would like us to know about your child?