IMPORTANCE OF HOME

Families are a child's most important and knowledgeable advocate. We recognize that families are a valuable resource in the planning of quality experiences and are requesting your assistance. Please take a few minutes to complete.

Child's Name:	Nickname:	Birthdate:
Home Language:		
Guardian/ Parent 1: What o	does your child call you?	
	Phone Number:	
Email to receive ne	ewsletters, classroom information, etc.:_	
Preferred form of contact: This may be text, phone call, o	or email.	
Guardian/ Parent 2: What	does your child call you?	
Name:	Phone Number:	
Email to receive ne	ewsletters, classroom information, etc.:_	
Preferred form of contact:		
This may be text, phone call, o		
Your Family Values and Tra	ditions, e.g., holiday celebrations, religio	ous beliefs, work ethic

Family routines, what does a typical day look like in your home?

What are your child's strengths?

What are your goals, hopes and dreams for your child?

What are your questions or concerns about your child's development or learning style?

What is your family occupations and roles so that it/they can be represented in the classroom?

List your child's favorite toys, activities, places to visit, people, TV shows and books.

List any food preferences or food restrictions your child has.

Is there anything that we should know about that might influence your child's school experience?

Is there any other information you would like us to know?

Date of Home Visit:_____

Time:			

Family signature: ______

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