

Family Intake Questionnaire

This form is used to gather information about the children we serve. Families are encouraged to fill out this questionnaire as completely as possible within the family's comfort level. Any question may be left blank if the family does not wish to share the information.

Child's	's Name	Date:
1.	Tell us about your family and your family's background. (S share; such as: siblings, who lives in your home, where yo	
2.	Tell us about the holidays, traditions and/or customs that you observe it (what activities you do, what food you eat, or artifacts that you use that represent your culture etc.):	
3.	Tell us about some of the different occupations and profes	sions represented in your family:
	What kind of things do you do as a family? How do you sp participation, TV watching, pets in the home, games, etc.)	end your free time? (Sports

5.	Here is a list of qualities that families view as qualities as desirable for their children to recognize and value. Which, if any, do you consider to be especially important? Mark N/A if not important		
	to your family values.		
	Rank from most important to least important (1 being most important):		
	Independence		
	Hard work		
	Feeling of responsibility		
	Imagination		
	Tolerance and respect for other people		
	Determination, perseverance		
	Religious faith		
	Unselfishness		
	Obedience		
	Self-expression		
	Scii expression		
6.	Are there any other areas that your family values?		
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7.	Is there anything you would like to tell us about your child's temperament? (what calms your child down when they are upset, excited, or frustrated?)		
8.	How would you describe how your child learns about the world around them (example: fearless (tries everything in sight or cautious, approaches their world slowly and cautiously)?		
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9.	What is the most important thing that we should know about your child?		
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