

# Family Questionnaire

To help us better understand your child and develop an inclusive program

Child's Full name and nicknames \_\_\_\_\_

Household members with relationship to the child

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Household 2 (Complete if your child lives in multiple households)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Additional Siblings/Family members or significant others (that do not live with your child)

\_\_\_\_\_  
\_\_\_\_\_

Grandparents names and names that your child calls them.

Father's parents \_\_\_\_\_

\_\_\_\_\_

Mother's parents \_\_\_\_\_

\_\_\_\_\_

Pet's and names \_\_\_\_\_

\_\_\_\_\_

Religion(s) \_\_\_\_\_

Holidays Celebrated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cultural practices \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any activities you do not wish your child to participate in (ex. Holiday celebrations)

\_\_\_\_\_

\_\_\_\_\_

Please use the back for any additional information you feel would be helpful to us.