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Home and Family Questionnaire

Dear _____,

Because you know your child best and can share how they are unique, please complete this form and return it to your child's learning facilitator so they can get to know your child more deeply. This will help them plan for your child and individualize their educational programming based on your child's uniqueness. Once the learning facilitator receives the form, they will contact you to set up a time to review it. Thank you for partnering with us for your child's learning.

Date of form completion _____

Name _____ Relationship to child _____

Parents or Guardians

Name:

Contact information:

Name:

Contact information:

Name:

Contact information:

Name:

Contact information:

Learner Household and Family Members

With whom does the learner currently live? (List all people in the household.)

Name	Age	Relationship to learner



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Primary Language or Dialect Spoken in the Home

Learner's Information

Name

How did your child get their name? (optional)

Grade

Date of Birth

Culture and Community

As you think about your family's cultural background and heritage (language, traditions), what would you like school staff to know about your child that might make a difference in assessing their learning and behavior and planning their education?

If your child has or currently does face school challenges, do you feel the challenges could be because of a cultural or racial misunderstanding? If so, please explain.

If your child has or currently does face school challenges, do you think the challenges could be related to language barriers? If so, explain.

School

List current and past schools attended.

Has your child had any previous placements in a special education program? If yes, explain.



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Learner Strengths

Tell us how your child is amazing!

Learner Preferences

Share how your child likes to learn or learns best.

Learner Interests

Tell us about your child's interests!

Learner Struggles

Share what can be a struggle for your child.

Learner's Goals

Tell us what your child wants to learn or achieve.

Important People Identified by the Learner

Share who your child thinks is important in their life.



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Important People Identified by the Parent or Guardian

Share who you think is important in your child's life.

Recent Life or Family Changes, Trauma, and Other Considerations

Sometimes, changes or challenges in a child's life impact their ability to perform well at school or behave appropriately. Please share any such challenges that may be impactful and that you feel comfortable sharing.

Academic Factors

Tell us where your child shines when it comes to learning, past school experiences, and academics.

Share what has been more challenging for your child when it comes to learning, past school experiences, and academics.



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Social-Emotional-Behavioral Factors

Tell us where your child shines when it comes to socializing with peers, managing their emotions, and behaving in a positive social manner.

Share what has been more challenging for your child when it comes to peers, emotions, and behaviors.

Developmental, Medical, or Psychological Factors

Share information about the child's prenatal, birth, and childhood developmental milestones or medical challenges. Please indicate any medical or psychological diagnoses and present status.

Developmental challenges:

- Was your child using words or speaking by age two? (If not, when? Or is your child nonverbal?)
- Were the developmental stages such as walking, sitting, and so on for your child within the normal ranges? If not, explain.
- How did your child play and interact with others their age before the age of five?
- How does your child get along with peers now?



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Medications

List each medication your child is on and describe the intended purpose. Please include any side effects your child experiences.

Family History

Does anyone in your family have a history of medical or physical problems that may have impacted your child? Please explain.

Has anyone in your immediate or extended family had academic or education problems? If yes, explain.

Outside Assessment Information

Please share information from outside organizations or experts who have assessed your child.



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Parent or Guardian Educational Concerns and Goals for Learner

Share the educational concerns and goals you have for your child.

Parent or Guardian Learning Support

Please describe what you or others in your family do to help your child with their school responsibilities and learning.

Describe family routines with homework. Specifically, how long does your child spend on homework and who provides help and support when it is needed?

What sort of disciplinary strategies do you use with your child?

Describe how your family gets along and completes tasks.



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Additional Comments

Please add anything else you would like us to know.

Thank you for completing this form and providing valuable information about your child.