

Early Education and Families Studies Infant Child and Family Information

Welcome to the Portland Community College Child Development Center! We see ourselves as partners with you in caring and educating your child. We ask that you share your knowledge of your child with us and give us guidance of your child's needs. This information helps us in transitioning your family and your child into the program as well as creating a classroom that supports your child by understanding your child's development. We strive to have classrooms that are culturally appropriate and sensitive to all families and children in the program. Please take the time to fill out this form; we would greatly appreciate it. If you need any assistance in completing this form, you can contact your child's teacher. Answer the questions that you feel apply to your child and family. You are welcome to use additional paper to complete any of the questions.

The Center staff respects the confidential nature of family and child information. All records and documents concerning individual children are considered confidential and are not shared with representatives of other agencies without written permission from the parent. Individual child records are maintained in a secure location.

Child's Name: _____ Nickname: _____

Birthdate: _____ Gender: M F NB Child's Pronouns: _____

Please check the programs your child is enrolled in: AM All-day

Your Child at Home

What is the most important thing you want us to know about your child?

What are your family traditions, celebrations, and activities that you want us to be aware of and support in the classroom?

Child Language History

Using an anti-bias approach at our center involves learning about the languages spoken or introduced to the children in the program. If your child uses sign language or other forms of communication; please include this information.

What is your child's first (native) language?

Which do you believe is your child's strongest language?

What languages do you use with your child?

Is there one that you use the most?

What languages does your child hear from other family members?

What languages does your child hear in the neighborhood?

Does your child or family have any favorite?

Toys _____
Blankets _____
Clothes _____
Sounds _____
Music/Dances _____
Movements _____
Textures/Colors _____
Books/Literature _____
Games _____

Names and pronouns of adults living with your child or with relationship to the child whom your child has a close connection.

Name/Pronoun	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Names of other children living with your child preferred pronouns, age, relationship to the child or with whom your child has a close connection.

Names	Gender	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's Temperament and Behavior:

Is this your child's first group experience? Yes No if not, please list others.

Where was the care provided?	When?	How Long?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your child like most of the time? (Fussy, laid-back, easily upset, demanding, easy-going, very active, very quiet, etc.?)

Has your child demonstrated any particular fears? (i.e., people, places, activities or transitions) How can we best work with you about these issues?

What is your child's ritual and routines around saying goodbye? How does your child respond when you leave?

What have you noticed about your child that lets you know that she/he is:

✚ Tired _____

✚ Happy _____

✚ Sad _____

✚ Angry/mad _____

✚ Hungry _____

✚ Confused _____

✚ Excited _____

✚ Scared _____

✚ How does your child let you know what he/she wants?

✚ How does your child like to be held, touch or soothed when upset?

General Health

Date of the child's most recent physical? **State licensing requires that each child has a health evaluation within six months prior to enrollment**

Does your child have any allergies or other health considerations we should be aware of? May we post the information about the allergies?

Are you currently concerned about any aspects of your child's development?

Diapering:

Does your child have any challenges with diapering? If so, what?

What are your child's rituals and routines around diapering?

Is your child particularly sensitive to wet or soiled diapers?

What are you and your child's preferences for diapering (Cloth diapers, special wipes, a particular position, etc.)?

How does your child respond to being changed by someone other than you?

Sleeping

Where does your child sleep? Do others sleep in the same bed with them?

When does your child usually sleep during the day? Please fill this out for the time that your child is in the classroom.

What rituals and routines around sleeping have you and your child developed?

Are there any things you want us to know about your child's sleeping habits, routines, etc.?

Feeding/Eating

How would you describe your child's appetite? Skimpy_____ Moderate_____ Hearty_____

How does your child eat? Breast, bottle, cup, spoon, fingers, adult fed, feeds self. How often do you offer breast/bottle or cup?

Will a family member be coming in to feed your child? How will you let us know that you are coming or when we should expect you?

Food: what kinds of food is your child eating now?

Milk Preference (per USDA guidelines we provide soy milk and cow's milk for children over 12 months and Kirkland brand formula):

Any dietary restrictions/allergies, if so, what?

What favorite foods/meals does your family and child like to eat?

Any foods your child especially dislikes?

What works best for you in feeding your child? (Example; does your child hold own bottle, do you hold your child when feeding, do you feed your child or does the child feed themselves, does the child use fingers, spoon, etc.)?

Parent and Teacher Planning

Will your child need special services in the classroom (i.e. occupational therapist, speech/language, pathologist, physical therapist etc.)?

Is your child on an Individualized Family Service Plan (IFSP)?

What are the most important things that you expect from us as caregivers?

What concerns do you have about leaving your child at the center?

What goals do you have for your child for the coming year?

Parent Involvement and Communication

Parents and families are considered active partners with the Child Development Center in nurturing their child's growth and development while at the CDC. There are several ways in which parents and families can be involved.

1. Might you be able to volunteer in some way in the classroom?

2. What would you like to share with the classroom? (Some examples- where you work on campus or off campus, a favorite snack, food, tradition, songs, music, games, poems, celebration, grandparents etc.).

3. Would you be interested in serving on the Parent Advisory Committee for the Center?

4. What information would you like to have in a classroom newsletter to parents?

5. Would you like to receive your parent newsletter via email? If so, what is your e-mail address?

Thank you for taking the time to complete this form!