

Tri-County Head Start/Early Head Start

Getting to Know You

Since you know your child best, please share a little bit about him/her with us. This information will help us develop a plan that supports you as your child's first and best teacher and encourages your child to grow and learn!

Has your child been in an early learning program before? If yes, where, and why are you choosing Head Start? _____

What does your child do well? _____

What are some goals you would like to set for your child? _____

How do you and your child spend time together? _____

Does your child get easily frustrated by difficult tasks or with others? _____

What kind of things upset your child, how do you comfort him or her? _____

What keeps your child interested? _____

Do you notice your child struggling with some activities? _____

How does your child interact with others? _____

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What words would you use to describe your child? _____

How do you motivate your child? _____

Have you ever been concerned with your child's behavior? If so, please describe them. _____

Has your child met developmental milestones as expected? Has their pediatrician ever discussed any concerns with you related to their development? _____

In the home, how are you preparing your child to learn? _____

Is your child currently receiving any behavioral health services? If not, would you be interested in your child being assessed? _____

Could you tell us about your family's culture? _____

What are your expectations for your child's early learning experience? _____

What are your child's favorite toys, games, or books? _____

Is there any other way that our program can support your child and family? _____

Family Service Advocates: Please place a copy of this document in the education file.