

**WE WANT TO GET TO KNOW YOU AND YOUR FAMILY**

What does your family enjoy doing together?

---

---

---

What does your family's daily routine look like?

---

---

---

What does your child's daily routine look like?

---

---

---

What does your child do in their spare time?

---

---

---

What form of discipline does your family use?

---

---

---

Do you eat meals together as a family? Do you sit as a family at the dinner table?

---

---

---

Does your child use a sippy cup? Does your child use utensils (fork, spoon, knife, cup)?

---

---

---

What is your child's bathroom routine? Do they need assistance? In the process of training?

---

---

---

How does your child do with taking turns or sharing?

---

---

---

Does your family celebrate Holidays?

---

---

---

What do you hope your child learns during the year? (Overall Development and School Readiness Goals)

---

---