

Missouri Child, Inc.
HEAD START

GETTING TO KNOW YOUR CHILD

Child's Name _____

Welcome to Head Start! Each Head Start child and family is unique. MCI Head start wants to get to know each child better. Please complete this questionnaire so we can learn a little more about your child.

ENERGY

High energy- A child that is always on the go: running, jumping, climbing.

Low energy- A child that likes quiet games/activities and can play quietly for a long time.

1	2	3	4	5
High	sometimes high	Both	sometimes Low	Low

PERSISTENCE

High- When playing the child will stay with an activity until it is done.

Low- When playing the child give up easily if the activity is too hard.

1	2	3	4	5
High	Sometimes High	Both	Sometimes Low	Low

ADAPTABILITY

Slow-The child gets upset if you change things. Does not like changes in routine.

Quick- Changes do not bother this child. The child sees changes in routine as exciting.

1	2	3	4	5
Slow	Sometimes Slow	Both	Sometimes Quick	Quick

Sensitivity

Low- The child gets easily upset by loud noises, bright lights and change in temperature. The child does not like to wear tight clothes. They are aware if their clothing is soft or scratchy.

High- The child can wear any kind of fabric. The child doesn't mind a lot of noise, light, and temperature change. The child is not bothered by smells or taste of food.

1	2	3	4	5
Low	Sometimes Low	Both	Sometimes Quick	Quick

APPROACH

Withdraws- A child that takes their time to get use to new things: food, people, places, activities. For Example, the first time around a pool, the child did not want to get to close.

Approaches- A child that will jump in and do something new. For example, the first time around a pool, the child wanted to jump right in.

1	2	3	4	5
Withdraws	Sometimes Withdraws	Both	Sometimes Approaches	Approaches

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1. Describe any concerns you may have with your child's development or physical health. _____
2. Describe any concerns you may have about your child's behaviors. _____
3. What has been your child's experience with other children? _____

4. Does your child have a favorite friend or relative? If so, who? _____

5. What does your child do when he/she is upset and how is he/she best comforted?

6. Describe anything that is currently happening with your family that may effect your child at Head Start in the next few weeks or that may need immediate assistance with. Example: My child's grandmother is in the hospital. I am laid off from my job.

7. Is there anything Head Start can do to help your child or family begin participating? in Head Start? _____
