

**Parent/Child Interest and Volunteer Survey
Early Head Start**

Child's Name: _____

Birth Date _____

Parent's Name: _____

Date _____

This form is designed to assist *Early Head Start* in providing services to you and your child. You, as the parent are the child's most important teacher and you can provide valuable information by completing this form.

SKILLS AND ABILITIES Newborn to 17 months	Needs No Help	Needs Some Help	Needs One-On- One
Self-help skills such as carries familiar items, eating solid foods well, holds, bites, chews crackers, climbs stairs on hands and knees			
Gross motor skills such as crawling, rolling over, pull-ups, stands alone			
Receptive language skills (understands) such as responding to verbal requests, smiles, babbles, imitates simple sounds, makes eye contact			
Expressive language skills such as appropriate crying, gestures, vocalize syllables (mama, dada), laughs aloud			
Social-emotional skills such as smiles, pat and vocalize to mirror image, comforted when picked up, stranger anxiety			
Fine motor skills such as holds rattles, picks things up, points or pokes finger, holds crayons			
Thinking skills such as responds to sounds, aware of environment, vocalizes to music, responds appropriately to commands			

SKILLS AND ABILITIES 18 months to 36 months	Needs No Help	Needs Some Help	Needs One- On-One
Self-help skills such as dressing, toileting and eating.			
Gross motor skills such as walking, jumping, climbing and throwing a ball.			
Receptive language skills (understands) such as following simple commands like "Wash your hands."			
Expressive language skills such as speaking clearly, stating wants and naming objects.			
Social-emotional skills such as getting along with others. Appropriate expression of wants and feelings such as controlling temper and not biting or hurting others.			
Fine motor skills such as tying shoes, buttoning clothes, using scissors, and holding a pencil, etc.			
Thinking skills such as understanding numbers, remembering objects, symbols or events, and using information to solve problems.			

Can you tell me one or two things your child is interested in or does especially well?
Does your child sleep less than 8 hours a day or have trouble sleeping (such as being fretful, having nightmares, wanting to stay up late)? ____no ____yes (if "yes" describe child's sleeping arrangement - own room, own bed, etc.)
How does your child tell you that he/she has to go to the toilet?
Does your child wear ____diapers or ____pull ups during the day? ____yes ____no, child is potty trained (if "yes", Refer to Diaper/Pull-up Request # 8695).
Does your child worry a lot, or is he/she very afraid of anything? ____yes ____no If "yes", what things seem to cause him/her to worry or to be afraid?
Have there been any big changes or problems in your child's or Family's life in the past six months? ____yes ____no if "yes", please describe.
Is there anything else you would like us to know about your child? ____yes ____no if "yes" please describe.

Please mark all items below for which you might be interested in helping:

CLASSROOM ACTIVITIES

- Reading books/Storytelling
- Assist during free play activities
- Assist in planning small group activities
- Assist with hygiene activities (toothbrushing, handwashing, etc.)
- Share special talents (cooking, singing, ethnic activities, etc.)
- Plan and assist with art activities
- Assist with special needs of children
- Other _____

OUTSIDE CLASSROOM ACTIVITIES

- Monitor playground to assure safety of children
- Assist with field trips
- Serve as a member of the On-Site committee
- Share special games with children on the playground
- Other _____

HOME ACTIVITIES

- Prepare art activities for classroom use
- Other _____