

PACT - Head Start & Early Head Start
CULTURAL/HOME LANGUAGE SURVEY

Child: _____ Class/Area _____ Date: _____ Re-enrolled Date: _____

We at PACT would like to teach about your family's culture and interests. Do you have some things that reflect your culture, skills, talents and/or interests that you could share with us?

What holidays, special days or events do you celebrate with your family? Are there any concerns you have about holiday activities or any holidays you would object to?

What does your child's daily routine (including meal, nap and bedtime) look like?

How is discipline handled in your home?

What does your family like to do together? (Mushrooming, fishing, gardening, walking, sports, etc.)

What language(s) does your family speak? English ____ Write in other home language _____
(Teacher will complete the Home Language Survey below, if home language is other than English)

A. What language do family members use when speaking to the child in the home?

N/A	1	2	3	4	5
Not applicable	Only English	Mostly English but sometimes home language	Both equally	Mostly home language but sometimes English	Only home language (not English)

B. What language does the child use when speaking to family members in the home?

N/A	1	2	3	4	5
Not applicable	Only English	Mostly English but sometimes home language	Both equally	Mostly home language but sometimes English	Only home language (not English)

C. What language does the child use when speaking to other children in the classroom?

N/A	1	2	3	4	5
Not applicable	Only English	Mostly English but sometimes home language	Both equally	Mostly home language but sometimes English	Only home language (not English)

D. What language does the child use when speaking to teachers?

N/A	1	2	3	4	5
Not applicable	Only English	Mostly English but sometimes home language	Both equally	Mostly home language but sometimes English	Only home language (not English)

Education Survey for School Readiness

Child: _____ Age: _____ Class/Area _____

Parent(s)/Guardian(s) _____ Teacher: _____

Parent/Guardian Email Address: _____

Ask if child is receiving DT, OT, PT, SP/L, or any other special services? Yes ___ No ___
 (If yes, get appropriate releases and forward to Disabilities/MH Coordinator.)

What toys, objects or pretend play does your child especially like?

Use the **Temperament Continuum** chart below to help us know your child's temperament

Very Active- Wiggle and squirm, difficulty sitting still	Activity Level	Not Active -Sit back quietly, prefer sedentary activities
Very Distractible- difficult concentrating Easily distracted by sights and sounds Difficult paying attention when engaged	Distractibility	Not Distractible- High degree of concentration Pays attention when engaged
Very Intense-Displays intense positive and negative emotions- strong reactions	Intensity	Not Intense-muted emotional reactions
Very Regular-predictable appetite, sleep patterns, elimination	Regularity	Not regular-unpredictable appetite, sleep, elimination patterns
High Threshold- not sensitive to physical stimuli such as taste, touch, sounds, temperature changes	Sensory Threshold	Low threshold- sensitive to physical stimuli- picky eater, difficulty sleeping in strange bed
Tendency to Approach-eagerly approaches new people and situations	Approach/Withdrawal	Tendency to Withdraw- hesitant or resistant when faced with new situations, people, things
Very Adaptable-transitions easily to new activities and situations	Adaptability	Difficulty Adapting- has difficulty transitioning to new activities or situations
Persistent- continues with a task or activity in the face of obstacles, not easily frustrated	Persistence	Easily Frustrated-moves on to a new task or activity when faced with obstacles
Positive Mood- reacts to the world in a positive way, generally cheerful	Mood	Serious Mood- reacts to situations negatively, mood is generally serious

Is there anything your child is afraid of or has strong negative reactions towards?

What comforts your child during times of distress?

What do you hope your child will gain from being in our program? Using the Learning Domains, list a goal for each area.

Approaches to Learning: _____

Social/Emotional: _____

Cognitive/Math: _____

Physical/Perceptual/Motor: _____

Language/Literacy: _____

What does your family do to help your child learn? _____