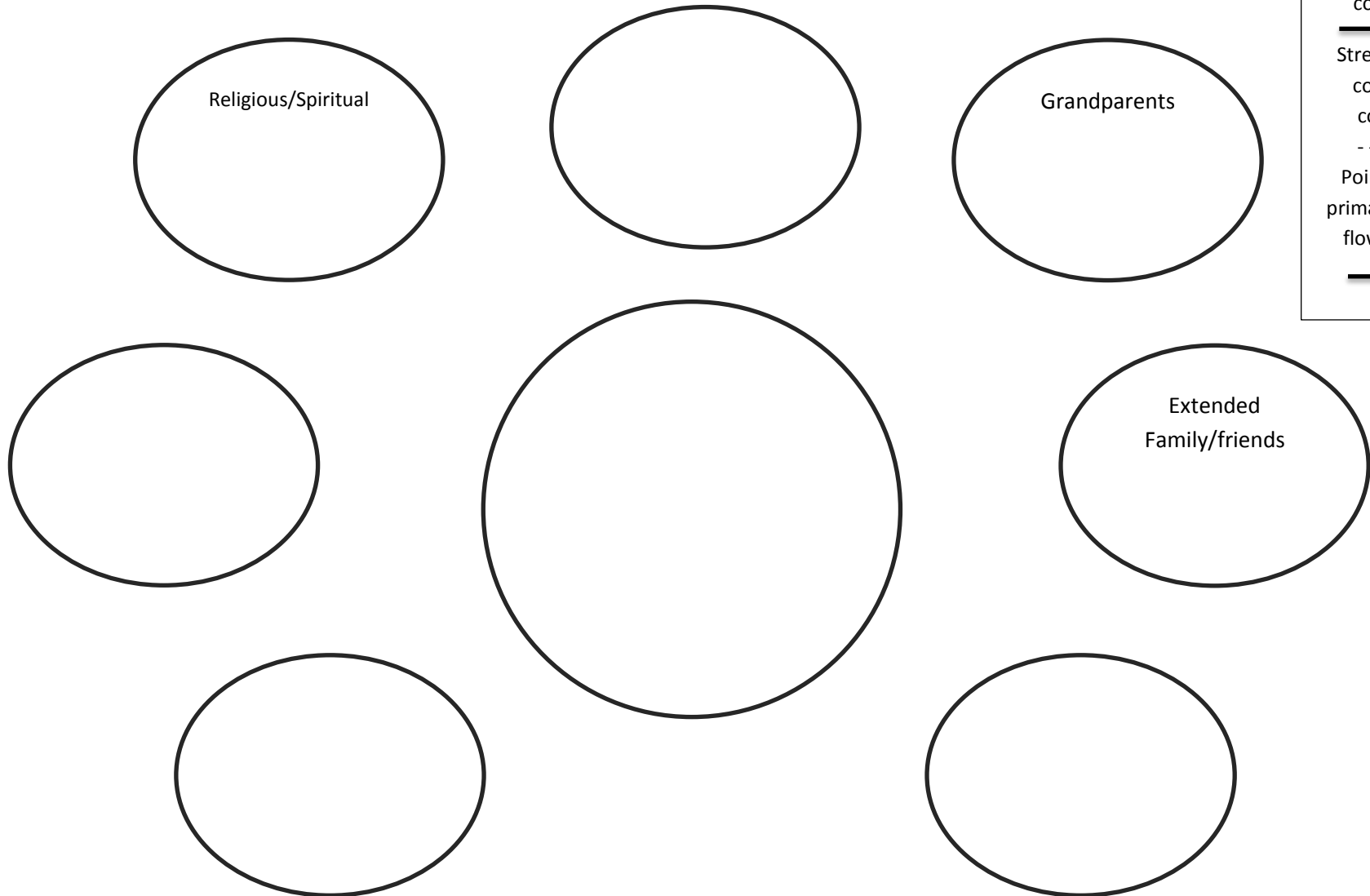


Family Story

Parent/Guardian Name: _____ Initial date: _____ Mid-Year Date: _____ Final Date: _____

Purpose: This is to better understand your family and what's important to you as your child's first and most influential teacher. It's intended to know what meaningful information to bring into your home while incorporating some of your family into the classroom.

_____ 's Family Support System



What's the most important thing we need to know about you and your child while we work together this year? _____

Family Well-being	Initial#	Mid #	Final#
Basic Needs (Access to food/housing)			
<p>Please tell me about your housing situation (affordable, safe, ability to maintain, places for your children to play, safe neighborhood):</p> <p>In the past 12 months, did you worry about running out of food? Yes____ No____</p> <p>Tell me about your access to food (meal prep, grocery shopping, and access to SNAP/Foodbanks).</p> <p>What are some of your family’s favorite foods?</p> <p>Are you concerned about providing nutritious meals for your family?</p> <p>**Is there anything your family needs?</p>			
Family Finances			
<p>How do you and your family meet your basic needs each month?</p> <p>Do you use a budgeting system, or other resources to meet your family’s needs (introduce budget)? If so, what does that look like?</p>			
Transportation			
<p>How does your family get around? (own car, public transportation, friends, car insurance, etc)</p>			
Health and Wellness			
<p>What do you do in life that makes you happy (hobby, physical activity, crafts, fishing, etc)?</p> <p>We all feel stressed sometimes. How do you and members of your family handle the stress of everyday life?</p> <p>Have you or someone in your family ever felt anxious, sad, overwhelmed, depressed, or had any other feelings you didn’t like? How did you cope with it?</p> <p>Have you or someone you love had concerns with drugs, alcohol or tobacco use? If so, how did that impact your family?</p> <p>Do you have access to medical care for you and your family such as medical insurance, dental/medical care, etc?</p>			
Family Safety , Permanency, and Resources			
<p>Has your family or someone you love ever worked with child welfare? What did that look like?</p> <p>Have you or any of your family members worked with other agencies? What was that experience like? Are there any resources you are interested in learning more about?</p>			

Positive Parent-Child Relationship	Initial #	Mid #	Final #
Nurturing Relationships			
What activities do you enjoy doing with your child?			
Child Development/Parenting Skills			
<p>What is your family's daily routine or schedule?</p> <p>What are some things your child does well (counting, jumping, talking)?</p> <p>Do you think your child is where they should be compared to other children their age? If not, what are your concerns?</p>			
Families as Lifelong Educators	Initial #	Mid #	Final #
Family Education at Home			
<p>How do you support your child's learning in your home?</p> <p>Are you interested in learning more about what is typical growth and development for your child's age? (refer to parent calendar)</p>			
School Readiness			
<p>What does "kindergarten ready" mean to you?</p> <p>What does your child need to be ready for kindergarten?</p>			
Families as Learners	Initial #	Mid #	Final #
Education, Training, and Life Goals			
<p>Tell me about any educational/training goals you may have (what interests you?).</p> <p>What skills do you have now (communication, cooking, time management, math, etc)?</p>			
Volunteering/Employment			
<p>Have you volunteered in the past or are you interested in volunteering? If so, please tell me about that or what you're interested in.</p> <p>What's your dream career/job?</p>			

Family Engagement in Transition	Initial #	Mid #	Final #
Transitions			
As your child moves through school what's most difficult for you and them?			
How do you feel about communicating your child's needs in school, medical, and other settings?			
Goal Setting (for child)			
What are your hopes and dreams for your child?			
What skills/goals do you hope your child will achieve this year?			
How do you want your child to feel about school? What experience do you want them to have?			
Family Connections to Peers and Community	Initial #	Mid #	Final #
Connection to Communities			
Are there any community groups, committees, parent groups, spiritual or cultural groups you belong to or would like to? If so, please tell me about them.			
Connections to Peers and Family			
Is there anyone else you are connected to that we may have missed? (refer to family support system)			
Families as Advocates and Leaders	Initial #	Mid #	Final #
Current Leadership and Advocacy			
Have you ever been in a leadership role? What did that look like?			
Have you ever stood up for someone or something you cared about? If so, please tell me about it.			
Future Leadership and Advocacy			
Are there any opportunities you would like to have either now or in the future to be a leader, advocate, or participant in a community group? If so, what are they?			
What do you feel passionate about in your community?			
Would you be interested in joining a group? (Policy Council, Parent Leadership group, facilitator training)			

Family Culture

Family Traditions: _____

Family Strengths: _____

What makes your family unique? _____

What are you most proud of about your family? _____

Is there anything you would like to share in the classroom throughout the year? _____

Is there anything you would be interested in learning more about? _____
