

Place label here

1. Your name: First name \_\_\_\_\_ Last name \_\_\_\_\_

2. What is your relationship with child: Mother Father Other : \_\_\_\_\_

3. Who lives at home with child?

Relationship to child	Age	Relationship to child	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. What is the highest grade in school mother/guardian completed? \_\_\_\_\_

5. What is the highest grade in school father/guardian completed? \_\_\_\_\_

6. Are parents/guardians employed outside the home or in school?

a. Mother No Yes (occupation) \_\_\_\_\_; \_\_\_\_\_ Hr/week Shift \_\_\_\_\_

b. Father No Yes (occupation) \_\_\_\_\_; \_\_\_\_\_ Hr/week Shift \_\_\_\_\_

7. Are child's parents? Married Living together Single Divorced

8. Child's race/ethnicity: Asian  
Black  
Hispanic  
White  
Other (specify \_\_\_\_\_)

9. What language is spoken most often in your home? English Spanish Other (specify \_\_\_\_\_)

10. Does child go to school?

Not going to school Grade \_\_\_\_\_  
Preschool School Name \_\_\_\_\_  
Regular School Address \_\_\_\_\_  
Receives special education services

11. Is child's mother: underweight  
about the right weight  
a little overweight  
overweight

12. Is child's father: underweight  
about the right weight  
a little overweight  
overweight