

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff that cares for your child.

Child's Name: _____ Nickname: _____

Family Members: _____

What is the primary language spoken in your child's home? _____

Are there any special family arrangements such as shared parenting, living in two homes, or custody specifications, etc.? Additional details? _____

Are there any cultural or religious practices of your family of which we should be aware of? (Dietary restrictions, clothing, head coverings?) _____

Do you have any pets at home? If so, what type and what are their name(s)? _____

Has your child had any previous care arrangements? ____ Yes ____ No
(Center based, in home, with family, with parents, etc.) Additional details? _____

Does your child have any favorite foods? _____

Does your child dislike any foods? _____

Are there any personality and behavior characteristics that would be useful to know about your child? _____

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her? _____

What methods do you use to respond to your child's negative behavior? _____

Does your child use any special comfort or support items that help them go to sleep? If so, what? _____

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What time(s) and for how long does your child usually nap? _____

Does your child have trouble sleeping? (Night terrors, trouble falling asleep, etc.) Please explain. _____

What might you and/or your child be anxious about as he/she starts this program? _____

What are you and/or your child excited about as he/she starts in this program? _____

What are your expectations of this program? _____

What other information would be helpful for the staff caring for your child to know? _____

Parent Signature: _____ Date: _____



“Tell me and I forget. Teach me and I remember.



Involve me and I learn.”



- Benjamin Franklin