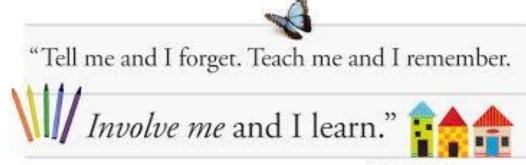
Ohio Department of Job and Family Services FAMILY INFORMATION FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

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 specifications, etc.? Additional details?	s shared parenting, living in two homes, or custody
Are there any cultural or religious practices of you restrictions, clothing, head coverings?)	
	nd what are their name(s)?
Has your child had any previous care arrangement (Center based, in home, with family, v	
Does your child have any favorite foods?	
Does your child dislike any foods?	
Are there any personality and behavior characteri	stics that would be useful to know about your child?
Are there things that frighten your child? If so, how him/her?	w does he/she react and what do you do to comfort
What methods do you use to respond to your child	d's negative behavior?
Does your child use any special comfort or suppor	t 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.	
What might you and/or your child be anxious about as he/she starts this progra	
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 kr	now?
Parent Signature: Date: _	



- Benjamin Franklin