

# Family Enrollment Visit Record

## Pictorial (Option 1)

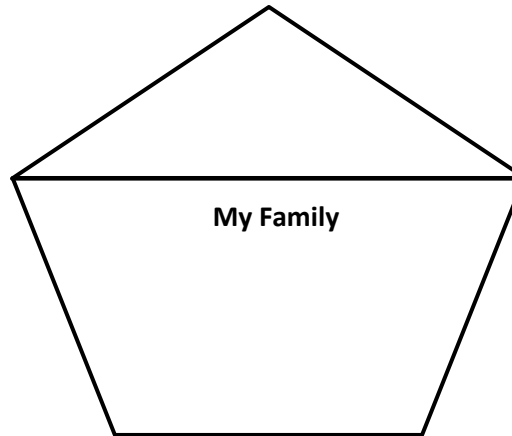
Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ FSS/FA: \_\_\_\_\_

**My Support System**

**Fun Things We Do**

**School**

**Changes in Family**



**What's going well in your family now?  
What makes your family strong?**

We'd like to support your celebrations whenever possible. Tell me about any days during the school year that your child may not go to school or you may not go to work.

**My Extended Family**

**My Friends**

**Work (outside or inside)**

**Community Resources We Have Used and their Usefulness?**

Information given: Community Resource List \_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Other \_\_\_\_\_

# Family Enrollment Visit Record

## Questionnaire (Option 2)



Parent Name: \_\_\_\_\_ Child Name: \_\_\_\_\_ Date: \_\_\_\_\_

### We would like to get to know a little about your family.

1. Who do you live with or consider part of your family (names, birth dates, ages of children, schools they attend)? Who supports you?
2. What does your family enjoy doing together?
3. What is going well in your family right now? What makes your family strong?
4. What is new or different in your family recently?
5. Tell me about working or going to school. What about goals for the future in this area?
6. What community resources, if any, are you using now? How useful are they?
7. How have you been preparing your child for kindergarten? How can we work together to prepare your child for kindergarten?
8. In the past, we've had families miss going to school due to celebrating a religious holiday or cultural event. We'd like to support your celebrations whenever possible. Tell me about any days during the school year that your child may not go to school or you may not go to work.

Community Resource List \_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Other \_\_\_\_\_

