WCMCA Head Start My Child's World Guide

It can be helpful to share your own experiences, strengths, and challenges to start the conversation. Relating on a personal level is how you begin to build a relationship with the family!

My Child's Interest:

1. What does your child like to do…favorite activities, i.e.: Toys, games, songs, fingerplays?
2. What does your child spend their time doing?
3. What kind of toys would your child like to play with at school, i.e. dolls, blocks?
4. Does your child spend time outside?
5. Does your child enjoy you reading to them?
6. Does your child move to music?
7. Do they like to play alone or with others?
8. What does your child like to do with other children?
9. What kind of imagination skills does your child have?
10. Child directed/parent directed activities?

My Child's Routines:

1. What comes to mind when I ask you about your daily routines? Do you tend to do the same things every day, in the same order?
2. Tell me about your day?
3. What does a typical day look like for your family? What do you do from the time your child wakes up, do they take naps, how long, etc.?
4. What does your child do before they go to bed?
5. What does your child do, how do they react when their routine gets changed?
6. How do you plan to get your child ready for school in the morning? What happens after school?
7. Do you work? Does your child attend child care?
8. When do you spend one -on- one time with your child? What do you like to do together? How do you determine the activity?

My Child's Abilities and Next Steps:

1. Tell me about your child, what are they doing? Do they identify some shapes, colors, etc.?
2. Tell me exciting things your child can do?
3. What would you like your child to learn during their time at school?
4. What are your hopes for your child?
5. What about your child makes you smile?
6. What have you noticed your child doing…what has baffled you about your child?
7. Specific questions around other children, socialization.
8. What makes your child feel proud about themselves?
9. In the past month, what achievements has your child made? i.e., they were able to dress themselves without assistance.
10. What do you think your child should be doing, but they aren't?
11. What can your child do now that they could not do one week, one month ago?
12. Milestones
13. Child and Teen Check-up screening
14. Is your child toilet trained?

Family Values and Traditions:

1. What kind of things are important to you?
2. How do you celebrate important days?
3. What do you have that you want to pass onto your children?
4. Explain values i.e. (day to day routines) and traditions- i.e., (birthdays, holidays, cultural, religion, etc.)
5. What holidays do you celebrate? What activities do you do at this time, i.e., (bake cookies, family meals, travel, etc.)?
6. What characteristics do you value in people?
7. What do you expect of your family?
8. Do you take an annual trip or plan around school breaks, i.e., (visit family, camping, etc.)
9. Give examples of your own values and traditions

Favorite Family Activities:

1. What do you enjoy doing together as a family? (YMCA, Parks, Reading, Library, Movies, Swimming, Fishing, Camping, etc.)
2. Do you have hobbies, seasonal activities?
3. Do you spend time with family/friends doing activities?
4. What are some places you enjoy going together? Do you take trips, vacations?
5. Look at routines, i.e., (read story at bedtime, etc.).
6. Give examples of what you do with your own family.

Relatives, Friends, and Caregivers:

1. Who is in your child's/family's life? Who lives with you? Strong or not so strong relationships.
2. Significant babysitters, or adult's in your child's life?
3. Is there a parent not in the home that should receive report cards, newsletters, class calendar, or a separate conference? (Space to note on My Child's World.)

Community Connections:

1. What resources do you frequently use in the community?

WIC	Public Health	Social Services
Food Shelf/Drop	Medical Clinic	Dentist
Head Start	Early Head Start	ECFE
ESCE	Daycare	Schools
Crisis center	Someplace Safe	Parent Support Groups
Birthright	Immigration Resources	WCMCA/Mahube-Otwa Community Action

Family Strengths and Challenges:

1. What are some things that are going well for your family?
2. What are some challenges? Challenges can be carried over to the Family Goal Setting
3. What makes your family unique/different?
4. Strengths, i.e., (sit down at the table and eat meals together)
5. What would you like to see improve?
6. Do you have a local support system?
7. What makes you proud about your family?
8. Do you have a routine, is it challenging or easy?
9. What are some hopes, desires, or dreams for your family?