

Elkhart and St. Joseph Counties Head Start Consortium

Social Emotional Survey

Child's Name _____ DOB _____ Date _____

Name of person completing the form

Relationship to child

1. At what age did your child walk? _____
2. Circle item that best describes Potty Training and your child: Totally Trained Not Trained
Needs bathroom assistance Pull up /Diaper only at night Pull up/Diaper only at nap
Occasional Accidents
3. Circle item that best describes your child's sleep experience:
Sleeps solid all night Awake and asleep Wakes early Wakes late Difficulty waking Sleeps alone
Takes naps Sleeping aides _____ (item or over the counter meds)
4. Time to bed: _____ Time to wake: _____
5. List your child's Home Routine from wake up to bedtime:

6. Circle items that describe how your child expresses upset: Crying Screaming Hitting Hiding Throwing
Falling Out Run-Away Cussing/Gestures
7. Circle items that are effective to calm your child: Comfort Breathing Time/Space Rewards Talking
Other _____
8. Circle number that best describes your child's activity level: Inactive 1 2 3 4 5 Very Active
9. Circle items that best describe your child's personality: Considerate Affectionate Confident Independent
Dependent Bossy Clinging Cautious Other: _____
10. Circle the number that best describes child's attention: Easily Distracted 1 2 3 4 5 Focused
11. Circle the item that best describes how child interacts with other children/groups of children: Leader Follower
Loner Friendly Aggressive Shy
12. Circle any family (grandparent, parent generation and siblings) experience with: Depression Anxiety ADHD
Substance use
13. Circle all significant events in family life in the past 6 months: Death Illness Medical Procedures Accident
Employment hours or status Move Births New family members
14. My child had a Traumatic Birth Experience Yes No

Parent Signature _____ Site _____

Classroom _____

Revised: 2/23/22

White: Grantee

Yellow: Education

Pink: Mental Health

Elkhart and St. Joseph Counties Head Start Consortium

Social Emotional Survey

Child's Name _____

DOB _____

Date 06-07-22

Name of person completing the form

Mother
Relationship to child

- At what age did your child walk? 12m
- Circle item that best describes Potty Training and your child: Totally Trained Not Trained
Needs bathroom assistance Pull up /Diaper only at night Pull up/Diaper only at nap
Occasional Accidents
- Circle item that best describes your child's sleep experience:
 Sleeps solid all night Awake and asleep Wakes early Wakes late Difficulty waking Sleeps alone
 Takes naps Sleeping aides _____ (item or over the counter meds)
- Time to bed: 10 Time to wake: 10
- List your child's Home Routine from wake up to bedtime: Wake up I brush her teeth. She either drinks a milk bottle or if she's full up she'll eat breakfast. ~~She'll~~ She'll play with her blocks or color well play outside or take a walk. go home and get all clean and ready for dinner the bedtime
- Circle items that describe how your child expresses upset: Crying Screaming Hitting Hiding Throwing
 Falling Out Run-Away Cussing/Gestures
- Circle items that are effective to calm your child: Comfort Breathing Time/Space Rewards Talking
Other take her to her gor under pit
- Circle number that best describes your child's activity level: Inactive 1 2 3 4 5 Very Active
- Circle items that best describe your child's personality: Considerate Affectionate Confident Independent
 Dependent Bossy Clinging Cautious Other: _____
- Circle the number that best describes child's attention: Easily Distracted 1 2 3 4 5 Focused
- Circle the item that best describes how child interacts with other children/groups of children: Leader Follower
 Loner Friendly Aggressive Shy
- Circle any family (grandparent, parent generation and siblings) experience with: Depression Anxiety ADHD
Substance use
- Circle all significant events in family life in the past 6 months: Death Illness Medical Procedures Accident
Employment hours or status Move Births New family members cousin
- My child had a Traumatic Birth Experience Yes No

Parent Signature _____

Site _____ Classroom _____

Revised: 2/23/22