# **Family Questionnaire**

1. Where does your child spend the day? Who is involved? How would you describe your child's relationship(s) with you and the people they spend the most time with in different ways?
2. What are the things your child enjoys most (including toys, people, places, activities, etc.)?
3. What does your family enjoy doing together and why? Who is involved? When does this occur?
4. What activities and relationships are going well?
5. What, if any, routines and activities do you find to be difficult or frustrating for you or your child?
6. What are the activities and routines your family currently does not do because of your child's needs, but is interested in doing now or in the near future?
7. Summary of Family Concerns: (based on challenges in everyday routines and activities)
8. Priorities of the Family: (based on concerns identified above)
9. Strengths, Resources that Family has to Meet their Child's Needs: (include family, friends, community groups, financial supports, etc. that are helpful to you)

In addition to the information you have already provided, do you have any additional concerns that you have not yet shared, or that others have shared with you about your child? Is there anything else you would like to tell us that would be helpful in planning supports and services with you to address what is most important to your child and family?