The Chickasaw Nation Head Start
Parent Interview

Interviewer will complete highlighted questions. Enrollment will be completed at the interview.

Student name: _____ Birth date: _____ ☐ IE ☐ OI

Enrollment date: _____ Entry date: _____ Dropped date: _____

Years of Head Start: _____ Center: _____ Classroom: _____

Home school district: _____

Gender: ☐ Male ☐ Female CDIB: ☐ Yes ☐ No Tribe: _____ Degree: _____

Parent/guardian: _____

Address: _____

Email address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Legal guardianship documentation form: **(Bring documentation to enrollment)**

☐ Official birth certificate
Parent DL confirmation

☐ Divorce decree
dated: ___/___/___

☐ Custody court order
dated: ___/___/___

☐ Foster care letter
dated: ___/___/___

☐ Witnessed and notarized parent note
dated: ___/___/___

☐ Temporary custody order
dated: ___/___/___

Emergency contacts:

Relationships	Name	Address/Town	Phone

Other: _____

Bus: ☐ a.m. ☐ p.m. ☐ Brought to school ☐ Picked up ☐ CNDH After School
☐ Other child care (list name): _____ Phone no.: _____

Pick-up restriction: _____

Are there any health concerns? ☐ Yes ☐ No If yes, explain:

Date of child's last physical exam prior to enrollment: _____

Date of child's last dental exam prior to enrollment: _____

Date of the interview: _____ Interviewer: _____

Updated on: _____ Updated by staff: _____

Re-enrollment interview: _____ Interviewer: _____

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Established medical home at enrollment: ☐ Yes ☐ No

Established dental home at enrollment: ☐ Yes ☐ No

Medical coverage and policy ID number: _____

Routine medications (including prescribed vitamins and supplements):

Allergies: _____

Current Physician Place address and phone number label here	Current Dentist Place address and phone number label here
Preferred Clinic Place address and phone number label here	Preferred Hospital Place address and phone number label here

Describe the child's use of communication/language:

Did the mother have any health problems during the pregnancy? ☐ Yes ☐ No

Explain:

Baby was born ☐ full-term ☐ early; by weeks ☐ late; by weeks

Explain:

What was the child's birth weight and length?

Weight: _____ pounds _____ ounces Length/height: _____ inches

Has the child been diagnosed as having a growth or weight issue? ☐ Yes ☐ No

If yes, explain: _____

Describe any problem at birth:

What non-hospitalized accidents has the child experienced?

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The child's milestones: (indicate with the number of months of age)

	When did child begin to _____?	Age of mastery	Parent concern
Crawl			
Stand			
Walk			
Talk			
Feed self			
Dress self			
Scribble			
Potty train			
Follow simple instruction			

Expectation ranges for milestones skills to be observed:

- Hearing and speech capacity is fully developed after three months
- Vision capacity is fully developed after seven months
- Crawling six to nine months
- Standing eight to 12 months
- Walking nine to 18 months
- Talking 12 to 24 months
- Feeding self 10 to 18 months
- Dressing self 24 to 36 months
- Scribbling 12 to 36 months
- Potty training 12 to 36 months
- Following simple commands 18 to 24 months

Does the child have difficulty seeing? ☐ Yes ☐ No

Does the child wear prescription glasses? ☐ Yes ☐ No

Who prescribed the eyewear? _____

How is eyewear to be worn? _____

What ear problems, if any, has child had? _____

What serious illnesses has the child had, if any?

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Has the child ever been seen in the emergency room or been hospitalized or admitted for surgery?

☐ Yes ☐ No If yes, explain:

Does the child have frequent? (check all that apply)

☐ Cough	☐ Sore throats	☐ Eye/ear infections
☐ Colds	☐ Stomach aches	☐ Vomiting
☐ Diarrhea	☐ Constipation	☐ Rash
☐ Toileting accidents	☐ Urinary infections	☐ Bruises
☐ Insect bites	☐ None at this time	

Has the child had any of these? (check all that apply)

☐ Chicken Pox	☐ Eczema	☐ Measles	☐ Mumps
☐ Scarlet fever	☐ Sickle cell	☐ Liver disease	☐ Boils
☐ Whooping cough	☐ Hives	☐ Pin worms	☐ Transfusions
☐ Heart problems	☐ Diabetes	☐ Polio	☐ Bleeding tendencies
☐ Ulcers	☐ Pneumonia	☐ Dental pain	☐ Major injuries
☐ Broken bones	☐ Cancer	☐ Kidney problems	☐ Rheumatoid arthritis
☐ Scoliosis	☐ High fever	☐ Syndrome diagnosis	

(_____)

☐ Contagious disease (explain, if not listed above): _____

☐ None noted at this time (items added after the initial interview will be dated and initialed at the time of the addition).

How often does the child follow directions well? ☐ Most of the time ☐ Sometimes ☐ Not very often

What chores does the child do at home?

How does the child react to new environments?

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Who usually spends time with the child during the day? (identify the relationship to child): _____

_____

Describe the child's sleep pattern (sound, light, restless, etc.): _____

Identify the hours that the child usually sleeps (a time range): _____

Describe what activities interest the child:

Describe the length of the child's attention span:

What type of toy does the child prefer? _____

Do you have any specific concerns or questions about the child attending Head Start at this time?

☐ Yes ☐ No, not at this time

If yes, explain:

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Rate the following areas by placing a check mark beneath the response that best describes the child's preference or behavior in the situation:

	Areas of Consideration:	Often	At times	Seldom	Not Observed
1	Listens and follows directions quickly	☐	☐	☐	☐
2	Expresses feelings and mood changes appropriately	☐	☐	☐	☐
3	Expresses affection to familiar people	☐	☐	☐	☐
4	Is friendly and smiles a lot	☐	☐	☐	☐
5	Is happy and carefree	☐	☐	☐	☐
6	Is sad	☐	☐	☐	☐
7	Wants help and gets frustrated without assistance	☐	☐	☐	☐
8	Feels the need to fight or argue	☐	☐	☐	☐
9	Throws tantrums	☐	☐	☐	☐
10	Likes quiet places	☐	☐	☐	☐
11	Likes loud places	☐	☐	☐	☐
12	Likes very warm temperature indoors	☐	☐	☐	☐
13	Likes very cool temperature indoors	☐	☐	☐	☐
14	Likes to play indoors in dark places	☐	☐	☐	☐
15	Likes to play indoors in places with a lot of light	☐	☐	☐	☐
16	Enjoys being with other children	☐	☐	☐	☐

	Areas of Consideration:	Yes	No
1	Is scared easily	☐	☐
2	Is resourceful and independent	☐	☐
3	Is very shy and bashful	☐	☐
4	Has moved more than one time	☐	☐
5	Has had a family pet that ran away or died recently	☐	☐
6	Has had a family member die recently	☐	☐
7	Lives with only one parent now	☐	☐
8	Has close relationship with grandparent	☐	☐
9	Speaks clearly	☐	☐
10	Worries about getting embarrassed	☐	☐
11	Chooses from more than two choices	☐	☐
12	Transitions to new tasks or situations	☐	☐
13	Likes to pretend and has a good imagination	☐	☐
14	Likes to listen to a book	☐	☐
15	Likes to use scissors and glue	☐	☐
16	Takes turns with one person	☐	☐
17	Likes to help others	☐	☐
18	Listens to books at home	☐	☐
19	Likes to talk	☐	☐
20	Likes to tell stories	☐	☐
21	Likes to sing songs	☐	☐
22	Likes to play outdoors with more than one person	☐	☐
23	Likes to draw	☐	☐
24	Is a picky eater	☐	☐
25	Likes to stack blocks	☐	☐
26	Shares with one or more people	☐	☐
27	Answers questions about stories	☐	☐
28	Performs on cue	☐	☐
29	Remains belted during car rides	☐	☐

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Dietary Habits:

1. What foods does your child especially like to eat?

2. Are there any foods your child dislikes or should not eat?

Read the question and place a check mark beneath the appropriate response.	Yes	No
3. Does your child take vitamins and mineral supplements?	☐	☐
a.) Contain iron?	☐	☐
b.) Contain fluoride?	☐	☐
c.) Prescribed?	☐	☐
4. Is there any food your child should not eat for medical, religious or personal reasons?	☐	☐
5. Is your child on a special diet?	☐	☐
a.) What kind?		
6. Has there been a big change in your child's appetite in the last month?	☐	☐
7. Does your child take a bottle?	☐	☐
8. Does your child eat or chew things that are not food?	☐	☐
9. Does your child have trouble chewing or swallowing?	☐	☐
10. Does your child often have:	☐	☐
a.) Diarrhea?	☐	☐
b.) Constipation?	☐	☐
11. Do you have any concerns about what your child eats?	☐	☐

Check the numeral that best approximates number of servings the child eats per week.

12. About how often does your child eat foods from each of the following groups:

a.) Milk, cheese, yogurt	☐ 0* ☐ 1* ☐ 2* ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ +
b.) Meat, poultry, fish, eggs or dried beans/peas, peanut butter.	☐ 0* ☐ 1* ☐ 2* ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ +
c.) Rice, grits, bread, cereal, tortillas	☐ 0* ☐ 1* ☐ 2* ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ +
d.) Greens, carrots, broccoli, winter squash, pumpkin, sweet potatoes	☐ 0* ☐ 1* ☐ 2* ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ +
e.) Oranges, grapefruit, tomatoes, (fruit/juice)	☐ 0* ☐ 1* ☐ 2* ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ +
f.) Other fruits and vegetables	☐ 0* ☐ 1* ☐ 2* ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ +
g.) Oil, butter, margarine, lard	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4* ☐ 5* ☐ 6* ☐ 7* ☐ +
h.) Cakes, cookies, sodas, fruit drinks, candy	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4* ☐ 5* ☐ 6* ☐ 7* ☐ +

***Starred answers may require follow-up. Explain details or give additional comments here.**

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