



# Little Angels Learning Academy

A Division of the Education Institute, Inc.

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## Family Survey

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian(s) Name(s): \_\_\_\_\_

Sibling(s) Name(s) / Age(s): \_\_\_\_\_

School district / attendance center where you currently reside: \_\_\_\_\_

What does your child do well? \_\_\_\_\_

What activities does he/she like? \_\_\_\_\_

What types of meals/snacks does he/she like? \_\_\_\_\_

How does your child get along with others? \_\_\_\_\_

How does your child usually approach new experiences? \_\_\_\_\_

Please list any special needs, schedules, arrangements (allergies, behavioral, medical, security item, toilet training, special schedules, etc.) that Little Angels Learning Academy needs to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently working with a therapist, doctor, etc.? Yes / No If yes, please explain:

\_\_\_\_\_

Has your child experienced any difficulties with his/her previous care givers? Yes / No If yes, please explain:

\_\_\_\_\_

What can we do together for your child (goals)? \_\_\_\_\_

What types of programs/activities, etc., would you like your child to experience at LAJA? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Little Angels Learning Academy? (please mark all that apply)  Radio

TV  Friend/Family  Newspaper  Child Care Resource and Referral

Better Business Bureau  Referral from School: \_\_\_\_\_

Southwestern Bell Communications (SBC) Yellow Pages  Names and Numbers Business Section

Brochure  Direct Mailing  Location of Facility (sign)

Other: \_\_\_\_\_

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