

## **Getting to Know Your Kinship Family**

## Instructions for use by school professionals:

This "Getting to Know Your Family" questionnaire can be used to connect to kinship families in your school. If you identify a kinship family in your school or classroom, this can be used as a conversation starter to partner with caregivers in supporting the children in their care.

The contact information page is optional; it is only intended to collect new information that the school does not have already. It may be helpful to use this page at the start of a child's kinship family arrangement or if the family is new to the school.

The questionnaire can be administered verbally, or it can be printed and given to caregivers to fill out. To access an online version of this survey, <u>click here.</u>

The caregiver's name and the date can be added to the top of the paper. The child's name should be added to the 1<sup>st</sup> paragraph. This template can be personalized for your school's use.

## **Getting to Know You**

Hello,	Date:
I have some questions to get to know better. None of these questions are required comfort level. You may also put a star next t follow up on at another time. Thank you for t know your family. Please return your answer	Only answer questions to your o questions you would like me to taking the time to help me get to
What is your relationship to this child?	
What do you prefer to be called by this child (eg: grandma/grandpa, aunt/uncle, mom/dad	
How long have you been caring for this child	?
Are you currently caring for other children? names.	If yes, please tell us their ages and
Do you have legal guardianship or custody for	•
Yes No In Process Not Sur	<del>e</del>

What are	some strengths or special traits of this child?
Do you ha school?	ave any concerns about this child's wellbeing and/or achievement in
How can t	the school best support this child?
How can t	the school best support you as a caregiver?
Do you ha	ave any questions for the school? Anything else you'd like us to know?

Contact information (Optional - for new information only)		
What is the best way to reach you? (Circle all that apply)		
Phone Email Other		
Phone (call/text)		
Email		
What is the best day/time to contact you during the week?		
What is an emergency contact for the child in your care?		
Name:		
Relationship:		
Phone number:		

This template was created by The Ohio Statewide Family Engagement Center at Ohio State under the GrandUnderstandings Initiative. For more resources visit: <a href="https://ohiofamiliesengage.osu.edu/grandunderstandings/">https://ohiofamiliesengage.osu.edu/grandunderstandings/</a>