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Starting Pre-School

Questionnaire

Dear Parents/Carers,

We are looking forward to welcoming your child into preschool. To make the process of starting school as smooth as possible, we like to learn as much as we can about your child before they join us. To help us with this, please could you complete the form below and return it to us as soon as possible.

Thank you for your help.

* **Child’s Name**
* **What do they prefer to be called?**
* **What is their date of birth**?

**Family Background**

Does your child have any brothers or sisters? Who else lives in the same house as your child?

What languages are spoken at home?

Who has been involved in the care of your child? For example, family members, childminders, pre-school, etc.

Who will be bringing and collecting your child from preschool?

**Medical Information**

Did your child have any medical problems in the past? Do they have any ongoing medical conditions?

Does your child have any allergies/intolerances? Do they have any dietary requirements?

Does your child take any regular medication?

Does your child have any other professionals or agencies involved?

**Likes and Dislikes**

What toys does your child enjoy playing with?

What activities does your child enjoy doing?

Does your child have any main interests? For example, dinosaurs, space or animals.

Does your child enjoy playing with other children and adults?

Is there anything your child dislikes doing? Or is worried about/scared of?

If your child becomes upset or frustrated, what is the best way to comfort them or help them calm down?

**Language and Literacy**

Does your child enjoy books and stories?

Can your child recognise/write their own name?

Does your child appear to have a preferred hand for holding items? If they do, which hand do they use?

Do you have any concerns about your child’s speech or hearing? Have they been referred?

**Physical Development**

Does your child enjoy physical activities, such as running, jumping, dancing or swimming? Which do they prefer? Do they have any difficulties with these movements?

Does your child enjoy making marks with pencils or crayons? Can they use a pair of scissors?

**Festivals and Celebrations**

What festivals or celebrations does your child celebrate? For example, Christmas, birthdays, Diwali or Eid?

**Technology**

Does your child enjoy using technology? What devices have they used? For example, tablets, computers or a computer.

**Creativity**

Does your child like singing, dancing or listening to music?

Can they sing some songs or nursery rhymes? Do they have a favourite?

Does your child enjoy making models, drawing or painting?

Do they enjoy imaginative play?

**Any other Information:**

What else would you like to tell us about your child?

Have they done something recently to make you proud?

Have you got any concerns?

Thank you for your help. If you have any questions, please speak to a member of staff.

We look forward to welcoming your child into Jack and Jill

Signed: Parent/Carer