

# Starting School Questionnaire

Dear Parents/Carers,

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

Child's name:	
Date of birth:	
What do they prefer to be called?	
How would you describe your child's personality?	

<b>Family and Home</b>	
Does your child have any brothers or sisters? What are their names and ages?	
Who else lives in the same house as your child?	
Who will be bringing and collecting your child from school?	
What festivals or special events does your child celebrate? For example, Christmas, Diwali, Eid	

<b>Like and Dislikes</b>	
What toys and activities does your child enjoy?	
Do they have any main interests? For example, dinosaurs, space, animals.	
Does your child enjoy playing with others? Are any of their friends attending the same school?	
Is there anything that your child dislikes doing? Do they have any fears or worries?	
Is there anything that is likely to upset or frustrate your child? How can we best help or comfort them?	

<b>Medical Information</b>	
Does your child have any past or ongoing medical conditions? Please provide further information.	
Does your child have any allergies/intolerances? Please provide further information.	
Does your child have any dietary requirements? Please provide further information.	
Does your child take any regular medication? Please provide further information.	
Do you have any concerns about your child's communication or speech? Have they been referred to a speech therapist?	
Does your child have any concerns about their eyesight or hearing? Do they wear glasses?	

<b>Learning and Exploring</b>	
Does your child enjoy books and stories? Do they have any favourites?	
Can they recognise or write their own name?	
Does your child enjoy physical activities, such as running, jumping, dancing? Do you have any concerns about their movement?	
Does your child enjoy drawing and making marks using a pencil or crayon?	
What are your child's strengths? What are they good at?	

<b>Self-Care and Independence</b>	Please let us know how your child copes with the following self-care tasks. Please indicate whether they are able to complete each task independently or whether they require support.
Toileting	
Hand washing	
Putting their coat on	
Dressing and undressing	

Is there anything else that you would like to tell us about your child?

Thank you for your help. If you have any further questions, please speak to a member of staff. We look forward to welcoming your child into reception.

Signed:

Signed:

\_\_\_\_\_

Class Teacher

\_\_\_\_\_

Parent/Carers

Date: