

**Reception Parent Questionnaire**

**PLEASE RETURN THE QUESTIONNAIRE WITH YOUR ADMISSION FORMS**

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| Is your child known by another name at home?  Would you prefer your child to be called by this name in Reception? |  |
| Does your child have any other siblings in Marlborough?  If yes, what are their names and what classes are they in? |  |
| Has your child been to a playgroup or a Nursery previously?  If so, where? |  |
| Has your child enjoyed spending time at home during the lockdown? |  |
| What does your child enjoy doing at home? What are they particularly good at? |  |
| Does your child have a favourite toy, game or interest? |  |
| How does your child feel about starting full time school? |  |
| Does your child get on well with other children?  Do they have friends at Marlborough? |  |
| Does your child co-operate willingly? |  |
| Do you have routines or strategies that work well for your child at home that you feel may help them in school? |  |
| Is there any information regarding family circumstance that you wish us to know or be aware of? |  |
| What is the primary language spoken at home? |  |
| Does your child speak clearly? |  |
| Does your child speak in single words, phrases or sentences? |  |
| Has your child had developmental checks by the Health Visitor? |  |
| Did any problems arise?  If yes, please provide details. |  |
| Name of your child’s Health Visitor? |  |
| Does your child have any problems with their sight, hearing, speech, asthma, eczema or other?  If yes, please provide details |  |
| Has your child been seen by any external agencies e.g. Paediatrician, Educational Psychologist, Speech & Language?  If yes, please provide details |  |
| Does your child have any allergies e.g. dairy, peanut etc. |  |
| If yes, do you have a care plan and what medication does your child need in school? |  |
| Does your child sleep well? |  |
| Is your child toilet trained? |  |
| Is your child confident going to the toilet independently? |  |
| Can your child dress or undress independently? |  |
| Can your child wash and dry their own hands? |  |
| Will your child be bringing a packed lunch or having cooked school dinners? |  |
| Can your child feed themselves? |  |
| Will your child drink milk and eat a fruit snack daily? |  |
| Who will regularly collect your child from Reception? |  |
| Do you have any concerns or questions about your child starting in Reception? |  |
| To ensure the smooth transition into school is there any additional information you feel is important to share about your child? | |