



ENTRY QUESTIONNAIRE

Child's name DOB

CHILD'S PAGE

I am usually called

My brothers and sisters are called

They are years old.

The other people who live in my house are called

I am looked after most of the time by

My religion is

This is the language I hear/speak at home

My parents were born in

These are the things I like/don't like doing

.....

My special toy, book or game is

These things make me happy

.....

I sometimes get angry or upset when

.....

When I am upset I am comforted by

.....

PARENTS' PAGE

Things you would like us to know about your child

.....

.....



ENTRY QUESTIONNAIRE

Is your child sometimes looked after by other people eg childminder/relative?

.....

Which pre-school/nursery setting has your child attended?

.....

Do you have any concerns about your child's hearing, speech, sight, concentration, play, behaviour, physical development?

.....

Has your child had any illnesses/accidents resulting in a stay in hospital?

.....

Has your child been seen by any other specialist, eg speech therapist?

.....

Please use this space to share anything else you would like us to know or you would like to discuss (achievements, problems).

.....

.....

.....