|  |  |  |
| --- | --- | --- |
| Nursery Settling in Questionnaire | | |
| **Child’s name:**  **I like to be known as:** | **Gender:**  **M / F** | **Date of Birth:** |
| **Any other languages spoken:** | **Religion:** |
| **Allergies or dietary requirements:** | **Previous early childcare:** | |
| **Who I live with - Primary carer(s):** | **Significant people who don’t live with me:** | |
| **Your Child’s current interests:** | **What do you like to do as a family?** | |
| **What are your hopes for your child in nursery?** | **Do you have any worries about them starting?** | |

**Please tick under the word that best describes your child’s ability in the following areas:**

**Physical Development:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Good | Average | Needs Help | N/A |
| Climbs stairs |  |  |  |  |
| Walks |  |  |  |  |
| Runs |  |  |  |  |
| Jumps |  |  |  |  |
| General Balance |  |  |  |  |
| Is there anything specific we need to know: | | | | |

**Language & Communication:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Good | Average | Needs Help | N/A |
| Speaks Clearly |  |  |  |  |
| Understands instructions |  |  |  |  |
| Uses sign language or other forms of communication |  |  |  |  |
| What does this look like? | | | | |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is your child receiving speech and language therapy? |  |  |
| Is there a history of speech and language intervention in close family members? |  |  |
| Did or does your child have recurrent ear infections? |  |  |
| Is there anything specific we need to know: | | |

**Behavioural and Emotional Development:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Details – what does this look like? |
| Does your child have any soothers e.g. thumb sucking, dummy, comforter |  |  |  |
| Does your child have things that worry them? |  |  |  |
| Does your child become easily frustrated? |  |  |  |
| Will your child be ok being left with nursery staff? |  |  |  |
| Does your child still need a nap? |  |  |  |
| Is your child sleeping through the night? |  |  |  |
| Does your child have a good appetite? |  |  |  |
| Is your Child able to feed themselves?  (spoon, fork, knife) |  |  |  |
| Any behavioural/sleeping/eating problems we should know about? | | | |

**Toileting and Self Help Skills:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Details – what does this look like? |
| Is your child fully toilet trained? |  |  |  |
| Does your child ask to go to the toilet? |  |  |  |
| Does your child need help going to the toilet? |  |  |  |
| Does your child dress/undress themselves? |  |  |  |
| Do up Zip? |  |  |  |
| Wash own hands? |  |  |  |
| Does your child help with jobs e.g. tidy away toys? |  |  |  |
| Is there anything else we need to know? | | | |

**Special Medical Considerations:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Details – What does this look like? |
| Has your child had any serious or debilitating childhood illnesses or accidents to date? |  |  |  |
| Does your child have a recognised or specific learning disability? |  |  |  |
| Are they undergoing medical assessment for any reason? |  |  |  |
| Do you receive government funding for your child e.g. DLA/PIP etc? (please state higher or lower rate) |  |  |  |