

Alexandra Primary School Nursery Questionnaire

Aspire, Perform, Succeed

Male

Your child's full name

Your child is...

This questionnaire has been designed to make Nursery staff aware of your child's needs so they can put the best systems in place to support your child before they start with us.

Please complete this form in print and tick all appropriate boxes.

Female

You child's month of birth	
You child's position in your	
family and ages of siblings	
For example, first child,	
twins etc.	
•	
<u>Language</u>	
What is your child's first	
language that they speak	
with confidence?	
Does your child speak a	
second language? What is	
it?	
How does your child	by using single words
communicate in English?	
	by repeating words
	by using 2 or 3 words
	by using short sentences
	by using complex sentences
Black	(including words like 'and' and 'because')
Please comment on your	
child's communication and	
language skills in their	
home language, if it is not	
English?	

Behaviour

Does your child follow your instructions?	No	Has your child learnt how to share?	No
	Yes		Yes
Does your child listen to others in a small group?	No	Is your child able to play in a friendly manner alongside other children?	No
group:	Yes	manner alongside other children:	Yes
Do you have any concerns about your child's behaviour?		1	

Previous experiences

Has your child interacted with other children who	No
are not family members?	Yes
Has your child been to any previous settings?	No
For example, toddler	Yes
group, children's centre, playgroup, etc.	Which setting has your child been to?
Have you left your child in the care of others before?	No
For example, nursery, child	Yes
minder, crèche, with a family member etc.	How did your child find this experience?

Routines

Does your child follow a	No		
set routine with regards to			
eating and sleeping?	Yes		
What time does your child to go to		What time does your child wake up in the	
sleep at night?		morning?	
Does your child sleep in	No		
the afternoon?			
	Yes		

We expect all nursery children to be <u>out</u> of nappies and pull-ups <u>before</u> they come to nursery in September. Please see your health visitor for assistance with this if you need help.

Family circumstances

Do you have any family	No
circumstances that you	
would like to share with	Yes
us? (confidential)	
For example, family	Comment:
separations, access	
restriction, social care	
involvement, poor	
accommodation, income	
support, health issues.	

Special Educational Needs and Disability

Does your child have a	No
disability or special need	
which may require special	Yes
attention?	Details:
For example, a hearing or visual	
impairment, developmental delay etc.	
delay etc.	
Has your child been	No
referred to any agencies?	
For everyone a Connect and	Yes
For example, a Speech and Language Therapist, Child	But the
Development team etc.	Details:
,	
Does your child have an	No
EHCP - Education	
Healthcare Plan (SEND)?	Yes
Has a request for a	No
Statutory Assessment of	
SEND been agreed?	Yes
Are you concerned about	
your child's development	
in comparison to their	
friends? If yes, please give	
details?	

Concerns

Do you have any concerns	
about your child starting in	
Nursery?	

Do you have any other comments about your child?

In this space you could include information about your child's interests, talents and strengths. For example, you could let us know if your child is able to show original ideas, think quickly and show curiosity, work independently, is fond of playing with something in particular or likes to talk about a particular topic in depth.

Your Preference

Would you prefer your child to attend Nursery in the mo	rning or afternoon? We cannot guarantee your 1st choice.
I would prefer my child to attend Morning Nursery	I would prefer my child to attend Afternoon Nursery
(8:45am – 11:45am)	(12:30pm – 3:30pm)
My reason(s) are:	My reason(s) are:
I do not have a preference of am or pm	

Is there anything we need to be aware of when we carry out a visit to your home? i.e. pets, parking, access to property, etc.

Thank you very much for taking the time to fill in this questionnaire. This information will be kept confidently to ensure your child's needs are catered for in the best possible way. We look forward to meeting you and your child!

Alexandra Primary School is committed to safeguarding and promoting the welfare of children and young people and expects all members of the school and its community to demonstrably share this commitment, promote our aims and model our values.

Please email this completed questionnaire to admissions@alexandra.hounslow.sch.uk