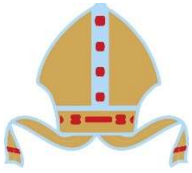


Home visit Questionnaire



Name:

Date of Birth:

Preferred name to be called:

Which Nursery session would you prefer (please circle)?

Morning (9.50-11.50) or Afternoon (12.20 - 3.20)

Family

Has he/she got any siblings?

Do they know other children at school?

Who has been looking after him/her?

What language do they speak at home?



Likes and dislikes

What toys does he/she like playing with?

Has he got a favourite toy?

What are his/her favourite activities?

Is there anything that they don't like or makes them scared?



Creative – Does he/she like singing/dancing and listening to music?

Does he/she like singing Nursery rhymes?

Does he/she like drawing and painting?

Does he/she make up stories with his/her toys?

Physical – Does he/she like running, jumping, skipping or dancing?

Can he/she ride a bike?

Does he/she like playing outside?

Literacy – Does he/she like sharing books?

Has he/she got a favourite?

Can he/she recognise his/her name?

Development



Is he/she toilet trained?

Is he/she a good sleeper?

Does he/she sleep in the day?

Any **concerns** about your child's development?

Anything that you are really **proud** of about your child?

Social interactions

What experience does he/she have of playing with other children (previous Nursery settings/family or friends)?

Do they like playing with other children?

Do they like playing with adults?



Food they like (milk/Fruit)?

Food he/she doesn't like?

Address:	Postcode:
Emergency contact name/relationship:	Contact number:
Emergency contact name/relationship:	Contact number:
Permission to pick up from school	Name: Relationship:
	Name: Relationship:
	Name: Relationship:

Has your child got any allergies?	
Can your child wear plasters?	