

CHILD'S NAME:



DISS INFANTS AND NURSERY SCHOOL



NURSERY QUESTIONNAIRE

Who lives in your house with your child? (Please include pets)	
Does your child have any immediate family who live somewhere else?	
What languages do you speak at home?	
Do you have any special beliefs or customs?	
What do the family members do while your child is at school? E.g. work/stay at home/work nights	
What previous nursery or pre-school experiences has your child had?	
Was your child born prematurely? Were there any health concerns as a baby?	
What does your child enjoy doing?	
Is there anything your child does not like to do?	
Does your child have any specific food requirements?	
Can your child dress and undress themselves and use the toilet independently?	
Do you have any worries about your child's development? e.g. speech, physical skills, ability to learn new things?	
Has your child had the 2 year old check with the Health Visitor?	
Have you received any help or support from Diss Children's Centre?	
Is your child a member of the local library?	
Does your child have any medical issues? If so how does it affect them? Are there any signs we need to be aware of?	

Completed by (sign):

Date: