

Year R Questionnaire

Name	
Preferred Name (to be called and to learn to write, etc.)	
Nursery/Preschool	
Siblings (all siblings, including ages and if they attend Kings Worthy)	
What are your child's favourite activities at nursery/preschool?	
What does your child enjoy doing out of school?	
Who are the special people in your child's life? (e.g. family members)	
Does your child have any friends who will be starting school with them in September?	
Is there anything that makes your child feel anxious or scared?	

Does your child have any medical conditions we should be aware of at school?

Has your child had any input from outside agencies, e.g. Occupational Therapy, Speech and Language Therapy etc?

Do you have any concerns or worries about your child starting school?

Thank you for your information. It is invaluable in helping us to give your child a smooth and happy start to school.