

Reception Questionnaire

Details about your child

Select school your child attends from a drop down box

Your name

Do you give consent for this information to be shared with the class teacher?
Yes / No

I confirm I have parental responsibility (tick the box)

Do you give consent for your child's screening result to be shared with the class teacher? Yes/No

Child's Last Name (Surname)

Child's First Name (Forename)

Gender: Female / Male

Child's Date of Birth

Child's NHS number

Child's Ethnic Group Asian / Black / Chinese / Mixed Race / White / Other

Child's Religion / faith:

Child's spoken language

Details about you and your family

Parents' first name

Parents Surname

Relationship to child

Home Address

Postcode

Home / Mobile Telephone number

How many members are there in your household? State number

Please document the names and dates of birth of other members of your household: (as you add another person the system will open for each individual for you to put the following information).

	Full Name	Date of Birth	Relationship to child	School
1				
2				
3				
4				
5				
6				

Health details of your child

GP surgery

Dental Surgery

Date of last dental attendance

Does your child have a disability? Yes / No (If yes please give details)

Do you have any concerns with the following? (if you answer Yes then a free text box will open for your to give some details of the condition / concern

- Height and/or Weight Yes / NO
- Vision Yes / NO
- Hearing Yes / NO
- Attention or concentration Yes / NO
- Speech and Language Yes / NO
- Emotional Health –not on electronic Yes / NO
- Bed-wetting / soiling Yes / NO
- Eating habits Yes / NO
- Sleeping Yes / NO
- Behaviour Yes / NO
- Anxiety – not on Yes / NO

Does your child attend any clinics Yes / No

Does your child have any allergies or health problems? Yes / No

Does your child have any on-going medication or treatment at hospital / doctors? (Please give detail)

Is your child up to date with their immunisations? (see your child's red book)

Are there any concerns within the family home that may affect your child's health or education?

Have you raised any concerns with school about your child at school? Yes / No