

**Home Visit Parent Questions**

|  |
| --- |
| **Name of child: Date:**  **DOB:** |
| Which pre-school did your child attend? |
| How did your child settle into pre-school? |
| What activities does your child like to do:   * Playing outside * Books/stories * Puzzles/Games * Art/Craft * Drawing * Writing * Construction (Lego) |
| What makes your child feel happy? |
| How would we know if your child is worried or sad? E.g. will become very quiet or take themselves off to a quiet area. |
| Has your child a strong interest in a topic or object? E.g. animals, trains, superheroes. |
| Do you have any concerns about your child having additional or emotional needs including Speech difficulties? |
| Does your child know and recognise any numbers? Letters? |
| Does your child have any medical needs or allergies? |
| Who will be collecting your child from school? (Family set –up) |
| Is there any further information that you feel we may find helpful to know about your child? |

**Could you please complete and send back to [FSteer@aspirekent.org.uk](mailto:FSteer@aspirekent.org.uk)**

**Thank you**