

**Home Visit Parent Questions**

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| **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)
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| 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**

**Thank you**