



Frederick Hugh House

PARENT'S QUESTIONNAIRE

DATE

ADMISSIONS FORM

Name of child

Date of birth

Please use additional pages if required.

Home address

Telephone number/s

Your name and relationship to child

Email address

Siblings names, ages and schools

What is your child's primary need?

What is your main concern?

When did you first notice difficulties?

Did you get help from anyone?



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THE EARLY YEARS

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Was there anything unusual about your pregnancy or the birth of this child?

Please use additional pages if required.

Did s/he pass developmental milestones at the expected times (sitting, walking, first words, sentences)?
Can you remember when these milestones happened?

What was s/he like as a baby?



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HEALTH

GENERAL HEALTH – eating, sleeping, fitness, hospital admissions, any medicine or special diets?

PHYSICAL ABILITY – walking, running, jumping, climbing, using playground equipment, dressing, using cutlery, using a pencil?

VISION/HEARING – have these been tested? If yes, what was the outcome?

When?

By whom?

INTERESTS – what are your child's likes and dislikes?

BEHAVIOUR – is s/he loving, helpful, co-operative, sulky, defiant, easily angered, difficult?

Please use additional pages if required.



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PRE-SCHOOL/NURSERY

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Pre-School/Nursery currently attended

Does your child enjoy school?

Please use additional pages if required.

Start date at School

Has the school helped/not helped with your concerns?

Address and phone number of School

Previous Schools/Nurseries

What support does your child receive in and out of school?



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PRE-SCHOOL/NURSERY

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Which subjects/activities does s/he enjoy the most?

What difficulties have the school identified?

Please use additional pages if required.

How does s/he get on with teachers and other children?

Please describe your child's strengths and weaknesses

How does s/he get on with their work?



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ADDITIONAL INFORMATION IF REQUIRED

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What do you think is the best way of meeting your child's needs?

What are you looking for in a school for your child?
