



Gonerby Hill Foot Church of England Primary School



Gonerby Hill Foot, Grantham, Lincs NG3 1 8HQ

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Pre-School Support Questionnaire

It is essential that we know everything there is about your child so that we are in the best possible position to do everything we can to support them in school. The following information will be treated with the utmost confidentiality and will be used on a 'need to know' only basis.

1. Name of child:

2. Has your child experienced any of the following difficulties (please tick where appropriate)

Medical:

Hearing:

Vision:

Mobility:

Behaviour:

Other:

(please outline details below)

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3. Have you sought the support of any professional agencies? (please tick)

Yes:

No:

If the answer is yes, please outline details below (please give as much detail on additional paper if necessary)

Who did you consult?

.....

Why did you go for consultation?

.....

When did this happen?

.....

What was the outcome?

.....

Following in God's footsteps, together we grow and flourish



to be the best we can be.



4. Is your child undergoing or has your child undergone a Multi-Disciplinary Assessment?

Yes:

No:

If yes, please give further details of when, where, who was involved and what the outcome was.

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5. Thinking about the last 12 months, please let us know how many terms your child has spent either at a playgroup or nursery.

	1	2	3	4	5	6
Playgroup- number of terms attended						
Nursery – terms attended full time						
Nursery – terms attended part-time						

Please tick the appropriate box

Any other relevant information you feel we need to know to be able to support your child in school.

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Parent / Carer signature

Date