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| Learning Support TeamEarly Years Strengths & NeedsParent/Carer Questionnaire |
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| Pupil Surname: |
| Pupil Forename:  |
| Date of Birth: |
| Name of person completing this form: |
| Relationship to pupil: |
| Previous school(s) attended: |

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| **Developmental History***It is useful to have an overview of your child’s early life and development.* |
|  | **Yes** | **No** |
| Were there any difficulties during pregnancy? |  |  |
| Was the pregnancy full term? |  |  |
| Was delivery/birthing normal? |  |  |
| Further details/comments: |
| At what age did your child? |
| Sit up: | Crawl: | Walk: |
| If your child did not crawl, please indicate how they moved around:  |
| At what age did your child begin to use a few words? |
|  | **Yes** | **No** |
| Was your child understandable by people (other than family) by the age of 3? |  |  |
| Did or does your child mispronounce words? |  |  |
| Did or does your child have difficulties with clarity of speech? |  |  |
| Do they still experience difficulties?  |  |  |

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| **Hearing**  |
| Did or does your child have any difficulty with hearing? | Yes | No |
| If yes, please provide details: |
| Is there a history of ear infections, glue ear or grommets? | Yes | No |
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| Does your child wear hearing aids?  | Yes | No |
| If yes, when did they start wearing them?  |

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| **Medical Information** |
| Does your child have any underlying medical conditions?e.g. epilepsy, cerebral palsy | Yes | No |
| If yes, please give details: |
| Is your child on any regular medication that may be relevant? | Yes | No |
| If yes, please give details:  |

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| **Family History** |
| Have any family members experienced difficulties with spelling / reading / learning OR have a diagnosis of dyslexia? | Yes | No |
| If yes, please indicate relationship to child and describe the difficulties: |
| Is English the child’s first language?  | Yes | No |
| If no, please answer the following: |
| Language spoken at home? |
| Length of time in the UK or English-speaking country |
| Does the child experience difficulties with literacy in their first language? If yes, please provide details: | Yes | No |

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| **Educational History** |
| Has your child’s schooling been disrupted in any way?  | Yes | No |
| If yes please provide more information:  |

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| **Strengths**  |
| Please provide information about your child’s strengths. What they are good at? What hobbies do they enjoy? |

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| **Challenges** |
| Please provide information about your child’s weaknesses. At school, what do they struggle with? |

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| **Any Other Information** |
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| Signed:  |  | Print name: |  |
| Relationship to pupil: |  | Date: |  |