# Parent Questionnaire Child’s Information

INSERT LOGO and address

<Insert child’s name>

Dear families

We value the relationships we build with our families and the expert knowledge you have about your children. To ensure we can provide the best education and care, please answer the following questions. If we have asked you to do this previously, we have attached your last response. In this case please respond only to the questions where the answer has changed since last time.

1. **What does your child love doing at home?**

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1. **What do they talk about when they come home from the service?**

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1. **Who do they talk about when they come home from the service?**

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1. **What do they watch on TV?**

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1. **What is their favourite music?**

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1. **What outside activities does your child do?**

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1. **Do you think your child has particular strengths in certain areas? If yes please provide details**

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1. **Do you think your child needs more assistance in certain areas? If yes, please provide details**

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1. **Does your child use any words or phrases that may not be used by other children? If yes please describe**

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1. **Does your child have naps during the day at home? If yes, when and how long for?**

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1. **What settling techniques do you use at home?**

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1. **Is your child learning to use the toilet at home? If yes please provide details**

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1. **What is the child’s favourite food(s) at home?**

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1. **Do you have a pet? If yes, what type of animal is it and what is the pet’s name?**

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1. **Does your child have a close relationship with their grandparents? If yes, what does your child call them?**

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1. **Does your child do any special activities with their grandparents? If yes what are they?**

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1. **Does your child have brothers and sisters? If yes please advise age and names**

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1. **What after school activities do the brothers or sisters do?**

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1. **Does your child have any close relationships with other family members? If yes please provide details?**

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1. **Please share any cultural practices the child participates in at home**

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1. **Has your child been diagnosed with a medical condition (eg asthma, anaphylaxis, diabetes) or health need we don’t know about? If yes please provide details**

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1. **Has your child’s medical condition or health needs changed since you last advised us? If yes please provide details**

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1. **Has your child’s medication changed since you last advised us? If yes please provide details**

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1. **Has your child had an immunisation since you last advised your child’s immunisation status? If yes please provide details**

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1. **What is your occupation?**

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Dad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please share any other relevant information about your child with us.**

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1. **Do you have any comments or suggestions about your child’s education and care?**

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Thank you for completing this questionnaire

Please return to <insert educator’s name or location>