Starting School Questionnaire

As professionals working with young children and their families, we want to support all children to make the best start to their school life – this starts by making the transition to school as smooth as possible.
The information that you provide in this form will be shared with your child's early years setting, and the Integrated Prevention and Earliest Help Service which includes the Healthy Child Programme Team. Your completed form will help us to identify any information, advice or guidance that you need to prepare for your child's transition. It will also help us to ensure that schools have the information they need to welcome your child.
We recommend that you speak to your child's school regarding any long term health conditions before they start school so that they can plan ahead to meet your child's needs.
If you identify any concerns on this form, after we receive your completed questionnaire a member of our team may contact you by phone to discuss your child's health or wellbeing as they prepare for school.
The form, and the information included, will be kept on your child's records and information will be used to support you and your child as well as to identify support needs across the county.

Child's name: _____

Date of birth: _____/_____/_____ (date/month/year) **male** ☐ **female** ☐

Preferred school: _____

If you need further information on applying for schools or application deadlines please go to:
www.westsussex.gov.uk/admissions

Parent / Carer's name(s): _____

Child's home address: _____

Postcode: _____

Home telephone: _____ **Mobile:** _____

Email address: _____

NHS number (if known): _____

Early years setting(s): _____

Is your child registered with a GP? **Yes** ☐ **No** ☐

If yes, please provide GP surgery details _____

Is your child registered with a dentist? **Yes** ☐ **No** ☐

If yes, please provide dental surgery details_____
If no, please view www.nhs.uk/dentist to find a dentist in your area

Has your child received their pre-school vaccinations **Yes** ☐ **No** ☐
(further information can be found on www.nhs.uk/vaccinations)

If your child is eligible for BCG vaccination and they have not had the vaccination, please contact your local Healthy Child Programme team). You can check your eligibility at www.nhs.uk.

Signed _____ Print Name _____ Date _____

Relationship to child_____

Thank you for completing this form Please complete and return it to your child's early years setting or, if your child does not attend an early years setting in West Sussex, in the envelope provided.

P.T.O.

	In the boxes below, please identify any concerns you have in relation to your child starting school and the following issues.
Applying for a school place	**No** ☐ **Yes** ☐ **I'd like to talk to someone about this** ☐
Any long term medical conditions - conditions e.g. Asthma/ Epilepsy/ Eczema / Allergies	**No** ☐ **Yes** ☐ **I'd like to talk to someone about this** ☐ Add information as appropriate :
Any Special Educational Need or Disability?	**No** ☐ **Yes** ☐ **I'd like to talk to someone about this** ☐ Add information as appropriate :
Your child being able to go to the toilet without help	**No** ☐ **Yes** ☐ **I'd like to talk to someone about this** ☐ Add information as appropriate :
Does your child experience constipation/soiling/wetting? Please see website for advice: https://www.eric.org.uk/	**No** ☐ **Yes** ☐ **I'd like to talk to someone about this** ☐ Add information as appropriate :
Hearing or ear problems? (include details of corrected hearing)	**No** ☐ **Yes** ☐ **I'd like to talk to someone about this** ☐ Add information as appropriate :
Communication/speech concerns?	**No** ☐ **Yes** ☐ **I'd like to talk to someone about this** ☐ Add information as appropriate :
Eyesight difficulties? (include details of corrected vision)	**No** ☐ **Yes** ☐ **I'd like to talk to someone about this** ☐ Add information as appropriate :
Any other issues - for example sleep, behaviour, changes in home life	**No** ☐ **Yes** ☐ **I'd like to talk to someone about this** ☐ Add information as appropriate :
Eating at school?	**No** ☐ **Yes** ☐ **I'd like to talk to someone about this** ☐ Add information as appropriate :
Are there any other professionals working with your child or family? To ensure a smooth transition to school it is helpful to have their name, role and contact details	
Any other concerns or questions about your child starting school?	

Feel free to write on another page if you have more information you would like to share.

This questionnaire is part of the West Sussex "School Readiness Integrated Review". For more information, please see our website: https://www.westsussex.gov.uk/business-and-consumers/information-for-childcare-providers/supporting-good-practice/supporting-families-in-your-childcare-setting/

Please contact your early years setting, Healthy Child Programme or Children and Family Centre if you have any questions. Contact details can be found at: https://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=22897 or www.westsussex.gov.uk/cfc

For more information about how West Sussex County Council uses this data a copy of the Privacy Notice can be found at https://www.westsussex.gov.uk/media/9988/privacy_notice.pdf