

School Readiness

Important Information

Please complete the form below. Please use the text boxes provided to add any comments.

Gender:	<input type="text"/>
What age is your child?	<input type="text"/>
Locality:	<input type="text"/>
School applied for:	<input type="text"/>
Ethnicity:	<input type="text"/>

HEALTH & DEVELOPMENT

1. Is your child registered with a doctor?

No Yes

2. Has your child had a dental check up in the last year?

No Yes

3. Is your child up to date with their immunisations?

No Yes

4. Do you help your child clean their teeth twice a day?

No Yes

5. Do you understand most of what your child says?

No Yes

6. Do others understand most of what your child says?

No Yes

7. Can your child feed themselves using cutlery?

No Yes

8. How many hours does your child sleep on most nights?

Less than 8 hours 8-9 hours 10-13 hours 13-14 hours 14+ hours

9. Is your child dry during the day?

No Yes

10. Is your child dry at night?

No Yes

HEALTH & DEVELOPMENT

11. Does your child poo in their underwear?

No Yes

12. Is your child able to use the toilet independently?

No Yes

HEALTHY WEIGHT & NUTRITION

13. How many portions of fruit or vegetables does your child have each day?

None 1-2 3-4 5+

14. Does your child have breakfast every day?

No Yes

15. How many cups (250ml) of water does your child drink each day?

1-2 3-4 5-6 7-8

16. How many carbonated (fizzy) drinks does your child drink each day?

None 1-2 3-4 5+

17. During the last week how often has your child eaten food from a fast food outlet or take away?

Never 1-2 times 3-5 times Every day

18. What best describes your child's weight?

No concerns Overweight Underweight

19. How many hours each day does your child spend watching TV, playing electronic games or on the internet?

None 1-2 hours 3-4 hours 5+ hours

20. Does your child take part in 60 minutes active play or exercise every day? (This can include if they walk, cycle or scoot to school)

Never 1-2/week 3-4/week 5-6/week Every day

21. Will your child walk, cycle or scoot to and from school most days?

Yes No

EMOTIONAL HEALTH

22. Does your child display behaviour that worries you?

No Yes

23. Is your child often worried or anxious?

No Yes

24. Does your child enjoy nursery?

No Yes

EMOTIONAL HEALTH

25. Is your child looking forward to starting school?

No Yes

ENVIRONMENT

26. Does anyone in your family have a physical health problem that impacts on your child?

No Yes

27. Does anyone in your family have a mental health problem that impacts on your child?

No Yes

28. Does anyone regularly smoke in your child's presence at home?

No Yes

DIGITAL WELLBEING

29. Does your child access the internet?

No Yes

30. How much time does your child spend on the internet each day?

None 1-2 hours 3-4 hours 5+ hours

31. Do you worry about your child being safe online?

No Yes

32. Do you know where to get information to help keep your child safe online?

No Yes