

ST NICHOLAS SCHOOL

The following information would be very helpful in making sure that your child's first term in school is happy and secure. If you would like to discuss or fill in the questionnaire with the teacher then you are most welcome to contact the school to arrange this.
Please complete in as much detail as possible.

Pupil's Name:

1 Does your child use any of the following to let you know his/her needs?

Words (Please list)	Sounds	Movement/Gesture	Makaton Signs
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2 What does your child understand?

Single words	Sentences in context	Gestures
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3 Will we know immediately about your child's feelings?

Happy	Worried	Wants attention
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What are your child's favourite activities and toys, or times of the day?

Are there any he/she dislikes?

Have you any pets, special people that your child might like us to be aware of?

Does your child require a special diet

Does your child have any favourite foods/drinks or ones that he/she dislikes?

Please tell us how your child eats at lunchtime eg fed by an adult, finger feeds, uses spoon/fork, knife/fork etc

Is the food chopped, mashed, pureed?

Does your child have a special cup, plate or spoon, etc?

What sort of seating do you use?

Does your child wear nappies?

Does your child use the potty/potty chair/toilet?

If you are using a toileting programme please tell us a little about it. Do you use special words eg wee wee etc

Will your child need medication during the day on a regular basis?

Does your child have any allergies?

Does your child have epilepsy?

Does your child suffer from hearing loss, glue ear etc?

Does your child have visual impairment

Is there any useful information about health that you could give us?

Please describe your child's degree of mobility eg walks well, unsteady, wheelchair etc

Is there any additional information you think we may need? Do we know enough to keep your child safe?

Any other information:

PTO.

Visual & Hearing Information Form

Child's Name: _____ Date: _____

Completed by: _____

Do you have any concerns about your child's vision? If so, please give details:	
Does your child have a known visual problem? Please give details:	
Do glasses correct the visual problem? If so, are the glasses tolerated well?	
How often do you see the optician/optamologist?	
Are you happy to share reports from them?	
If your child has epilepsy are there any known visual triggers eg flashing/moving lights etc?	
Does your child have any difficulty with the following:	
Recognising faces?	
Moving from a bright to darker area and vice-versa?	
Finding toys etc against a busy or cluttered background?	
Does your child have any other sensory/learning needs?	
Has your child ever been supported by the Visual Impaired Service	
Do you have any concern about child's hearing?	
Does your child have a known hearing impairment?	
Has your child ever had grommets fitted?	
Does your child have hearing aids?	
How often do you see an Audiologist?	
Are you happy to share reports from them?	
Does your child have any balance problems?	
Does your child have any sensitivity to sound?	
Has your child ever received any support from the Hearing Impairment Service?	