

School Readiness 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 you selecting the schools you would like your child to attend and then applying for a school place for your child. We also want to work with you to enable the transition to school to be as smooth as possible for your child. Completing this questionnaire will provide us with information about any concerns you have about your child starting school so that we can provide any information and support that might help you and your child.

All children must start school from the term after their 5th birthday and most children will start school in the September of the school year in which they turn 5. The deadline to apply for a school place for a child starting primary school in September is **15 January**. To apply for a school place, or for more information on applying, please see the information on our website at: www.westsussex.gov.uk/admissions

Please note: this questionnaire is not linked to the school application process. You will also need to apply for a school place before the deadline to enable your preferences for your child's school to be considered.

The information that you provide in this form will only be seen by your child's early years setting. Your child's Key Person may wish to talk to you about the answers you provide to ensure they can support you and your child effectively.

We recommend that you speak to your child's school, once you have been offered and accepted a place, regarding any long-term health conditions, or any other concerns you have about your child starting school. This will help them to plan, before your child starts at school, how they will meet your child's needs.

Child's name: _____

Parent/Carer's name(s): _____

Contact phone number: _____

Email address: _____

1. Is your child registered with a dentist?

yes no If no, please visit www.nhs.uk/dentist

2. Has your child received their pre-school vaccinations?

yes no If no, please contact your GP and see www.nhs.uk/vaccinations

3. Do you have any questions about applying for a place for your child?

yes no

4. Does your child experience constipation, soiling or wetting?

yes no

Please turn over to the next page.



5. Do you have any concerns about your child's speech, language or communication skills?
yes no
6. Does your child have any difficulties with sleeping?
yes no
7. Do you have concerns about your child's behaviour or their ability to manage their own emotions?
yes no
8. Are there any changes in home life which may impact on your child now or when they start school?
yes no
9. Has your child got any other additional needs – including long-term medical conditions such as allergies, asthma, eczema or epilepsy?
yes no
10. Do you have any other concerns or questions about your child starting school?
yes no

If you have answered "yes" to any of questions 3-10, or if you would like to raise anything else, please add more information below. If you run out of space, please continue on another piece of paper.

**Thank you for completing this form.
Please return this to your child's early years setting.**

