**Nursery Questionnaire**

Dear parents,

Please take a moment to answer the questions below. There are no right or wrong answers – this gives the school information and serves as a first guide in order to be sure we are able to offer the best solutions and care for your child. Thank you!

|  |  |
| --- | --- |
| **Name and surname of your child:** |  |
| **Date of birth (and age):** |  |
| **Gender:** |  |
| **Name, e-mail, phone number of the mother:** |  |
| **Name, e-mail, phone number of the father:** |  |
| **Does the child have siblings?** |  |
| **Who besides the parents is allowed to pick up your child from school:** |  |

**PREVIOUS EDUCATIONAL EXPERIENCE**

Please name the previous schools (incl. nurseries, preschools, home schooling etc.) and the length of time your child attended.

|  |
| --- |
|  |

Has your child participated in any afterschool activities? In what kind?

|  |
| --- |
|  |

**LANGUAGES**

What is the primary language of your child?

|  |
| --- |
|  |

What other languages does your child speak and at what level?

|  |
| --- |
|  |

**IMPORTANT MEDICAL INFORMATION**

Is there anything in your child’s medical history we should know about (e.g., allergies)?

|  |
| --- |
|  |

Can your child eat all types of food?

|  |
| --- |
|  |

**DEVELOPMENT**

Is your child toilet trained?

|  |
| --- |
|  |

Does your child dress him/herself without help? If not, where is he/she in the process?

|  |
| --- |
|  |

Does your child eat by him/herself? If not, where is he/she in the process?

|  |
| --- |
|  |

Are there any types of food your child does not like? What is your approach of dealing with it at home?

|  |
| --- |
|  |

Does your child take naps? If yes, then describe when and for how long?

|  |
| --- |
|  |

When did your child start to speak?

|  |
| --- |
|  |

Is his/her speech clear to you? And to others?

|  |
| --- |
|  |

Is your child right-handed or left-handed? If the handedness is not fully developed describe how he/she uses his/her hands.

|  |
| --- |
|  |

**RELATIONS**

How does your child get along with other family members? To whom is he/she closest to?

|  |
| --- |
|  |

How does your child get along with other children?

|  |
| --- |
|  |

**PERSONALITY AND LIKES**

How would you describe your child?

|  |
| --- |
|  |

Does your child have any fears we need to be aware of?

|  |
| --- |
|  |

What comforts your child when he/she is upset? What is the most effective way of calming him/her down?

|  |
| --- |
|  |

What are the activities your child enjoys? Does he/she do them alone or with others?

|  |
| --- |
|  |

What does your family do together?

|  |
| --- |
|  |

What are your child’s strengths? What is he /she good at?

|  |
| --- |
|  |

What are the areas you feel your child needs to improve in?

|  |
| --- |
|  |

**RULES AND ROUTINES**

Please describe the rules your child has to follow at home.

|  |
| --- |
|  |

What is your approach to the use of ICT resources in your home?

|  |
| --- |
|  |

Does your child follow any religious traditions that we should know about in our daily work?

|  |
| --- |
|  |

**EXPECTATIONS**

What are the skills that you find important in developing in your child?

|  |
| --- |
|  |

How do you see the ideal collaboration between home and school?

|  |
| --- |
|  |

How would you see your contribution to our school community?

|  |
| --- |
|  |

What are your expectations for this year in Nursery? What do you want your child to learn?

|  |
| --- |
|  |

Do you have any concerns or information that should be shared regarding your child`s behaviour, maturity or social skills? What insights do you have about your child that would be helpful for the teachers? Please feel free to share anything else that would help us to provide best care to your child.

|  |
| --- |
|  |

**I hereby confirm that all the information given in this Admission Questionnaire is true and correct. I give my consent to Tallinn European School to request additional information regarding my child from his/her previous schools, if needed.**

|  |  |  |
| --- | --- | --- |
| **Name and signature of the parent(s) who filled out the questionnaire:** |  | **Date:**  |