AVONDALE GRAMMAR SCHOOL

STUDENT SURVEY FORM
(Pre-School)

Name: _____ Level: [ ] Date of Birth: dd / mmm / yyyy

Please underline surname

Religion: _____ Ethnic origin: _____ Nationality: _____

Dear Parent
As your child's first and best teacher, we would like your perception of your child as a learner.
Thank you for your help!

1. What are the languages spoken at home? _____

2. Has your child attended a full day care setting, preschool, parent & toddler programme or enrichment programme in the past? [ ] Yes [ ] No (Please provide details of the programme)

_____

_____

3. What are your child's interests? _____

_____

4. What are your child's dislikes? _____

_____

5. Does your child do any drawing or writing at home? If so, how often and what types? _____

_____

6a. Has your child ever been left alone with another care giver? _____

_____

6b. What was your child's reaction? _____

_____

6c. Does your child carry a comforter such as a doll or blanket? _____

_____

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7a. Has your child recently become toilet independent? _____

7b. Do they have trouble with wiping or fastening clothing? _____

8. Does your child struggle to sit down during mealtimes or take a particularly long time to eat? _____

9. Is there any other relevant information that you would like to share with us such as words or images that may trigger certain behaviour? _____

10. Do you have a helper? If so, what is their name and what will their role be in dropping & fetching your child? _____