LITTLE CORNER HOUSE
Montessori Nursery

CHILDREN'S QUESTIONNAIRE

Child's Name

What is your child's favourite toy or what toys do they like playing with?

Does your child play independently or **only** with someone else?

Does your child watch any TV programmes? If so, what kind of programmes?

How frequently is your child exposed to screen time, and for how long?

What time would you prefer to pick up your child?

Potty Training Where is your child's progress with potty training (tick the appropriate option)

Nappies ☐ Busy with Potty Training ☐ Fully Potty Trained ☐

At home, does your child sit or stand when urinating?

Sit ☐ Stand ☐

If your child still uses nappies, do they prefer to lie or stand when changing nappies?

Lie ☐ Stand ☐

Sleeping Habits

What is your child's sleeping pattern/times at home?

Does your child sleep with anything eg: bottle, dummy, etc?

Does your child fall asleep independently, or need rocking/petting etc?

If you would like your child to sleep while at school, what time/times would you like them to sleep?

Eating and Drinking Habits

Does your child prefer eating regularly or grazing?

Is your child a fussy eater?

Does your child have any food intollerances or allergies?

Does your child use utensils to eat? Yes ☐ No ☐

Does your child eat independently ☐ or do they need assistance ☐ when eating?

What is your child's favourite liquid to drink?

Does your child drink frequently ☐ or not? ☐