



Home/family questionnaire



Home observation and developmental feedback questionnaire

Pupil's full name:

Date of birth: / /

Date of interview: / /

Scale 1: No/never 2: A little/rarely 3: Some/sometimes 4: Yes/often 5: Significant concerns

General**Rating**

1. Does your child have any medical needs the school should know about?

Comments and observations:

2. Has your child received any support before, for a special educational need or disability?

Comments and observations:

3. Do you have any concerns about how your child behaves or plays at home?

Comments and observations:

4. Did your child start to walk and talk at the same time as other children of the same age?

Comments and observations:

5. Do you have any concerns about your child's physical development?

Comments and observations:

Cognition and learning

1. Do you have concerns about your child's learning needs?

Comments and observations:

2. Are you concerned about your child's reading, writing, and spelling?

Comments and observations:

3. Are you concerned about your child's mathematical ability?

Comments and observations:

4. Can your child remember facts and recall information?

Comments and observations:

5. Does your child take time to understand things? Are they slow to answer at times?

Comments and observations:

Communication and interaction

1. Can your child communicate well with you and other family members?

Comments and observations:

2. Does your child communicate well with peers and friends socially outside of school?

Comments and observations:

3. Does your child respond appropriately to gestures, for example will they say “hello” and “goodbye” and will they notice hand, eye, and body gestures?

Comments and observations:

4. Does your child use eye contact?

Comments and observations:

5. Does your child understand the rules of games and turn taking?

Comments and observations:

6. Do you have concerns about how your child communicates their emotional needs?

Comments and observations:

7. Do you have concerns about the friendships your child has at school?

Comments and observations:

8. Does your child struggle to organise themselves or complete routines at home?

Comments and observations:

9. Does your child speak in full sentences (primary)?
Can your child keep a conversation going (secondary)?*

Comments and observations:

10. How well does your child start a conversation and ask appropriate questions?

Comments and observations:

11. Does your child have any issues with touch, texture, or the taste of things?

Comments and observations:

Social, emotional, and mental health difficulties

1. Does your child have any emotional or behavioural issues at home that you have concerns about?

Comments and observations:

2. Has your family experienced any traumatic circumstances or disruption that may have affected your child?

Comments and observations:

Physical and/or sensory needs

1. Are you concerned with your child's hearing or eyesight?

Comments and observations:

2. Can your child use a knife and fork, tie shoelaces, and use buttons well?

Comments and observations:

3. Can your child swim, play football, and ride a bike or scooter?

Comments and observations:

* School staff to delete primary/secondary question as applicable before sharing with parents.