



FRAMPTON COTTERELL CHURCH OF ENGLAND PRIMARY SCHOOL



My name is: _____

I am _____ years old

I am starting school in September 2020

PLEASE INSERT A PHOTOGRAPH
OF YOUR CHILD HERE

Please return this booklet when you come
to school in September 2020

Welcome to Frampton Cotterell Church of England Primary School. We hope you will be very happy with us when you join us.

You will have so many things to do when you start school, like reading and writing, painting and drawing, playing in the home corner and climbing on the climbing frame outside.



In this booklet, there are some pictures for you to draw and some parts for your family to fill in.

Please bring this booklet back to school when you come in September so that we can look at it together.

We are looking forward to seeing you soon.

From

Mrs Hornig

Mrs Walker

Mrs Mustafa

Reception Class Teachers

Mrs Coney

Miss Trewella

Reception Teaching Assistants



Can you draw a picture of yourself for your teacher?



My family call me by this name: _____

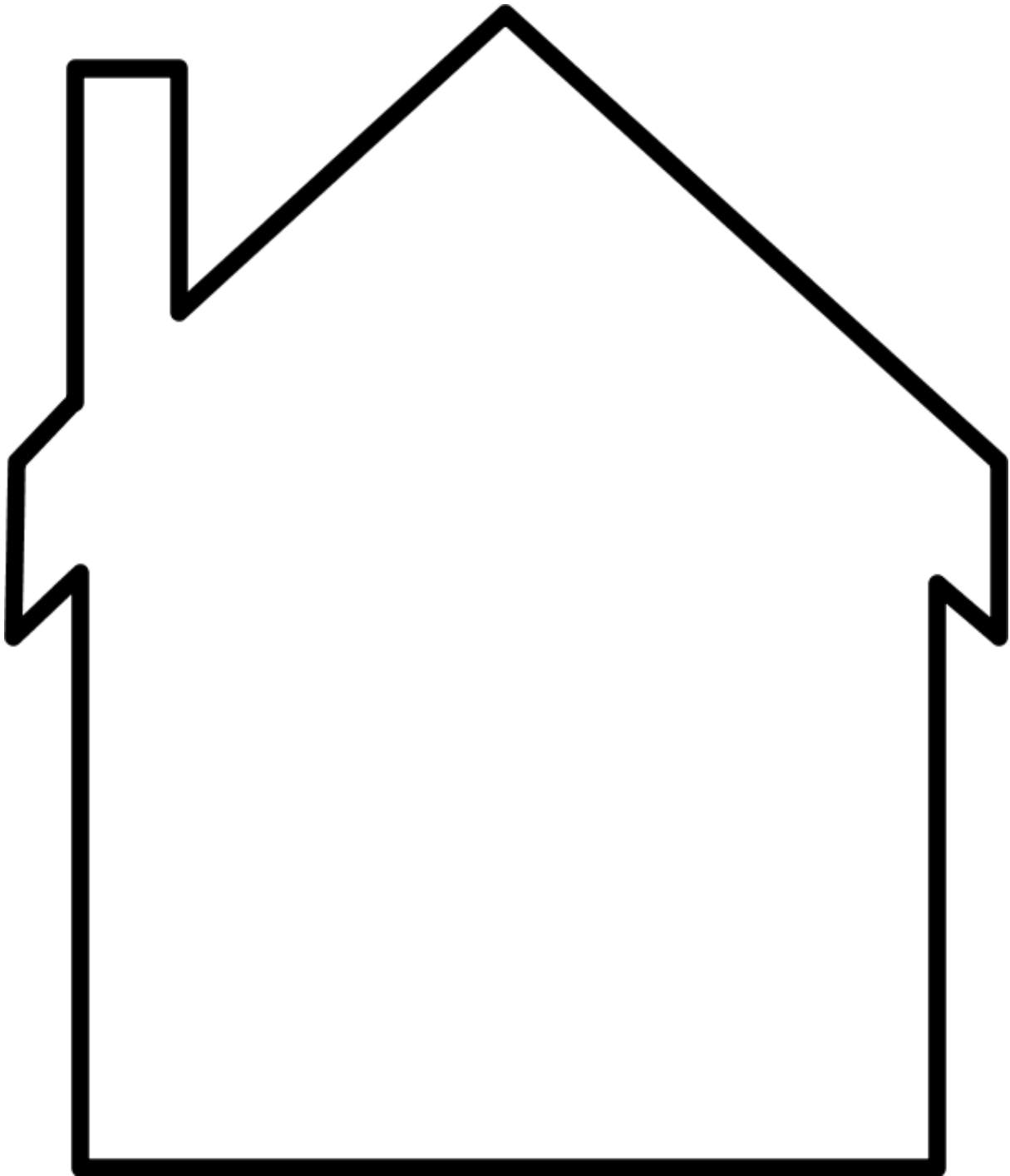
First name for peg, drawer and books:

Your child will learn to write this name

Please draw a picture of everyone who lives in your house.

What are their names?

Please ask a grown up to help you.



FRAMPTON COTTERELL C OF E PRIMARY SCHOOL

QUESTIONNAIRE - MY CHILD

FULL NAME:

CHOSEN NAME:

BROTHERS/ SISTERS:

FRIENDS STARTING SCHOOL:

FRIENDS ALREADY AT SCHOOL:

PETS:

MY CHILD (Please tell us the important things about your child i.e. family situations and home life arrangements).

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.....

COMMUNICATION – we welcome your comments on this area of your child’s development such as how they communicate in English. How do they respond to new people and situations etc.

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.....

Does your child speak any additional languages? Yes / No (circle)

Which language?

HEARING – Have you any concerns about your child’s hearing? Yes / No

Comments: (Please indicate where and what help has been sought)

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.....

VISION – Have you any worries about your child’s sight? Yes / No

Comments: (Please indicate where and what help has been sought)

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.....

SPEECH – have you noticed any impediments in your child’s speech? Yes / No

This could be concerns with specific speech sounds, clarity or fluency (stutter).

Comments: (Please indicate where and what help has been sought)

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Has your child been referred to or received support from a Speech and Language Therapist?

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TOILETTING – Is your child toilet trained?

Yes No

Can they manage their own toileting? (e.g. cleaning self, washing hands)

Yes No

Comments: (Please indicate where and what help has been sought)

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.....

ADDITIONAL NEEDS – Does your child have additional support in Preschool?

Yes

No

Comments: (Please indicate where and what help has been sought)

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.....

Do you have any concerns about your child’s behaviour?

Yes

No

Comments: (Please indicate where and what help has been sought)

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MEDICAL/DIETARY INFORMATION – Please indicate if your child has asthma or any allergies. If your child requires an inhaler or epipen please advise the school together with instructions for their use.

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Please indicate if your child has any special medical/ dietary requirements.

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Is there anything else you would like to share with us about your child?

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EXPECTATIONS - WE WELCOME YOUR THOUGHTS AND IDEAS

My hopes for my child's first year at school are:

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I am concerned about:

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Do you have any questions you would like to ask?

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Is there anything else you would like to share with us about your child?

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Are there any people or places special to your child?

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Can you tell us which activities your child enjoys?

.....

Is your child left or right handed?

Left

Right

Undecided

Thank you for taking the time to fill in our questionnaire. Please take a moment to tick or colour the statements on the next pages. Thank you.

