



Pre-Prep 1 Parents' Questionnaire
CONFIDENTIAL

Please complete and send back electronically to Juliana Nova (jsn@stpauls.br) or place in a *sealed envelope* and return to Mrs. Baldisseri. Please send another 3x4 photograph (it may be digital).

Pupil's name.....School and class currently attending:.....

Name and age of brothers/sisters:

Name	Age	Attends St. Paul's? (Yes or No)

1. Normal Delivery ()

Caesarean section ()

Any complications during pregnancy and/or birth?

2. At what approximate age did your child:

- Stop breast feeding (if applicable)
- Start walking
- Start talking
- Become potty trained

3. Does your child eat well and enjoy a balanced diet?

4. Does he/she take a nap in the afternoon? If so, how long is the afternoon nap?



5. Does he/she go to bed without any argument? Sleeps well? Do you have to wake him/her up in the morning?

6. Does he/she enjoy breakfast or is it hard to get him/her to eat in the early morning?

7. Which language do you normally speak amongst yourselves at home?

8. Does your child:
 - Get dressed independently?
 - Eat independently?
 - Go to the toilet independently at home?
 - Wipe him/herself independently?
 - Have a bath or shower independently?
 - Sleep alone in his/her room?
 - Wear a nappy (diaper) at night?
 - Use a dummy (pacifier)? When?

9. Are there any particular health problems about which I and the School Nurse should know? (Food restrictions, allergies...)

10. Is there a new-born baby in the family? If there is, how did your child react to the new baby?



11. Does he/she play well with brothers and sisters?

12. Does your child enjoy playing alone or does he/she *always* want another child or adult to join in?

13. When playing, which games or toys does he/she enjoy most?

14. Which are your child's favourite hobbies, creative activities, sports etc?

15. Which activities/games did your child enjoy the most in the previous school?

16. Is your child afraid of anything (clowns, the dark, animals, etc.)?

17. If applicable, write down what your child does after School each day – music tuition, any sports (including ballet, judo, horse-riding, swimming etc), therapy or other specialist intervention.

18. Is there any particular activity which your child dislikes intensely?



19. Have there been any significant events in your child's life that we should be aware of (separation, remarriage, death of a family member/pet...)?

20. Have there been any major changes at home recently (change of nanny, moving houses, changing rooms...)?

21. Please describe your child's relationship with his/her parents.

Parent 1:

Parent 2:

22. Anything else you would like to mention?

Thank you.

Anne Taffin d'Heursel Baldisseri
Head of Pre-Preparatory School