



BEHAVIOUR AND LIFESTYLE QUESTIONNAIRE

Dear parents,

As part of our enrolment application procedure we require all parents to assist us in getting a deeper understanding of individual children and their needs. We ask that you complete this questionnaire in depth. All your answers will be treated with the strictest of confidence. Thank you for your time.

Name of child: _____ **Date of birth:** _____

Birth Issues

How was the mother's pregnancy with this child? _____

Briefly describe your child's birth?

Where does this child come in the birth order? (oldest, youngest, only etc) _____

Developmental milestones

What age did your child crawl and for how long? _____

At what age did they walk? _____

At what age did your child get their first teeth _____ Second teeth _____

At what age did they talk? _____

Does your child have co-ordination problems? _____

Is your child clumsy or accident prone? _____

Has your child undergone any testing or referrals for developmental, physical, emotional or behavioural problems? If yes, please specify.

Has your child had their eyes and ears tested? Have they had any speech difficulties? If so please give details.

Lifestyle issues

Mother's occupation _____ Father's Occupation _____

Do both parents work? _____

Living arrangements:

Does your child live fulltime with both parents? If not please describe your child's living arrangements. _____

Do both parents share the same values and lifestyle habits?

Do you follow a daily routine at home? Please give details. _____

Sleep:

What time does your child go to bed on weekdays _____ weekends _____

Do they fall asleep easily? _____

Does he/she sleep well through the whole night? If no, please give details.

What time does he/she get up? _____

TV:

How many hours of TV does your child watch: Mon - Fri _____

Weekends _____

Which programs does your child watch? _____

Is the TV switched on when it is not actively being watched? _____

Computer:

Does your child spend time on a home computer? Yes No

If so, how many hours per week? _____

What does your child do on the home computer? _____

Play:

How many hours per week is your child involved in physically active play and sports?

Does your child play with neighbours? If so what is the tone of the play and what games are played? _____

Can your child initiate and participate in play or does he need adult input? _____

Health/Diet:

Has your child been vaccinated? _____

Has your child had any childhood illnesses? If so please indicate which ones and at what age they occurred.

How would you describe your child's health in general?

Have there been any significant traumas/accidents in the child's life? _____

Does your child suffer from food intolerances? If yes please specify.

Does your child suffer from tummy aches, nausea or other digestive problems? If so, please give details.

What does your child eat for:

Breakfast: _____

Lunch: _____

Dinner: _____

How often do you get fast food take aways? _____

How often does your child eat high sugar content foods (chocolate, ice cream, soft drink, sugary fruit drinks etc)?

Does your child snack between meals? If so what is he/she offered? _____

Do you ever eat organic or biodynamic foods? _____

Has your child ever been placed on a special diet? If so why and by whom? What were the results of this?

Noise:

What type of noise is your child exposed to in the home (e.g. background TV, radio, music, arguments, traffic noise, noisy neighbours etc)? _____

How frequently is there loud noise in your home? _____

How would you describe the general atmosphere your home e.g. noisy, peaceful, busy?

Behaviour Management

How would you describe your child's personality e.g. outgoing, sensitive, shy, adventurous? Please give details. _____

Does your child make friends easily? _____

Has your child ever been bullied? If so, please give details.

What behaviours are unacceptable in your home? _____

How do you handle unacceptable behaviours when they arise? _____

What types of unacceptable behaviour does your child display at home and how often?

How do siblings in the family get along? _____

Have any behavioural problems been identified previously at another educational facility? (if yes, please detail)

Has your child ever been prescribed drugs for behaviour problems? If so, what, and is the medication currently being taken. _____

Within your family unit how would you describe your child? (dominant, passive, co-operative etc) _____

Life changes

If your child has been subject to many changes during his life (e.g. moving house/city, divorce or relationship changes etc) how did he/she cope? Please give details.

Is there anything else that would help us understand your child better?

About our school

What is it that attracted you to our school? _____

What do you think the school can offer your child and your family _____

PRIVACY POLICY

We collect and hold information such as that contained in this document solely for administration, the provision of services, the identification of needs and to comply with government reporting requirements. To the extent that any element of that information relates to the affairs of an individual person, we apply and adhere to the Australian National Privacy Principles contained in the Privacy Act 1988 as amended. Accordingly, with the exception of information that we may be required by law to make available to official agencies, no part of that information will be released by us to a third party without express permission. Should we be unable to offer your child a place, all information will be destroyed should you notify us that you no longer wish to be on a waiting list.