

PREVIOUS SETTING VISIT FORM



Setting/School name:	
sample text sample text sample text sample text sample text sample text	
Child's name:	
sample text	
Preferred name:	Date of birth:
sample text sample text sample text	sample text sample text sample text
Immediate family members, siblings and child's position in the family:	
sample text	
What languages are understood/spoken by the child and close family members? How is your child's language developing?	
sample text	
Religious or cultural beliefs that the child/ family follow/maintain in school/setting:	
sample text	
Name of Setting and name of child's key person:	
sample text	
How long has the child attended your setting? How did they settle? Was there anything that particularly supported them/their family through transition?	
sample text	
Who usually drops-off and collects?	
sample text	
Does the child have any allergies and/or medical needs that we need to be aware of?	
sample text	
What is the best way to communicate with the child's parents/carers? How do they prefer to be contacted?	
sample text	

