Baby Room Questionnaire (Young Babies)

Child’s name:

Date of birth:

As children develop rapidly we aim to do our best in supporting and helping your child progress in their learning while they are here with us at Kaleidoscope Nursery.

In order for us to help with your child’s development we would like you to complete this questionnaire.

If you wish to add a comment or example please use the space provided under each answer to comment.

Personal, social and emotional development

* Does your baby respond to familiar voices and sounds?

Yes No

Example:

* How does your baby settle when upset?
* Rocked
* Spoken to
* Sung to with a soothing voice
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communication and language

* Can your baby respond to his/her own name?

Yes No

Example:

* Does your baby lift his/her arms up when in need of being picked up?

Yes No

Example:

Physical development

* Is your baby able to sit unsupported on the floor?

Yes No

Example:

* Is your baby able to move around their environment?

Yes No

If yes, how do they do this?

* Bottom shuffling
* Crawling
* Holding furniture
* Walking un-aided