



## Doncaster School Readiness Questionnaire for Parents (2019)

### When did your child start school?

Nursery  Reception

Below are a set of statements, for each statement please select the answer which best describes what you think your child should be able to do when they start school in **reception class**

### 1. When a child starts school in Reception, they should be:

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Excited to start school					
Able to settle happily without parents					
Confident and able to ask for help from an adult if they need to					
Able to take turns and share when playing with others					
Able to recognise when someone is sad, cross or worried and try to help them feel happy again					
Able to feed themselves and use a cup without spilling					
Able to go to the toilet by themselves					
Able to wash and dry their own hands					
No longer using a dummy or drinking from a bottle					
Able to dress and undress on their own					
Aware of different ways of keeping healthy, like doing exercises such as running and jumping, eating fruit and vegetables and drinking water or milk					
brushing their teeth twice a day and having regular check ups with a dentist					
Up to date with all their childhood vaccinations					
In a regular bedtime routine and having the recommended amount of sleep every night (4 year olds should sleep for around 11.5 hours)					

**2. Prior to starting school, did you think about ways in which you could help prepare your child for school?**

Yes

No

What did you do to help prepare your child for school?

**3. Did you seek advice and support?**

Yes

No  (go to question 4)

Who did you seek advice and support from? (tick all that apply)

Family & friends	
Health visitor	
Family Hub staff member	
Nursery	
Childminder	
Primary School staff member	
GP	
Other (please state)	

**4. Do you think you had sufficient support?**

Yes  (go to Question 5)

No

If you don't think you had sufficient support, what would have made it better?

**5. Does your child have an EHC (Education, health and care) Plan?**

Yes

No

Don't Know

**As a Council, we can and will commit to taking positive action to tackle discrimination and spread equality of opportunity.**  
**To help us achieve this, and only if you feel comfortable in doing so, we ask that you take a minute to complete the below equality monitoring form to help us understand more about the people accessing our services.**  
**The questions relate to the protected characteristics covered by present equality legislation; the Equality Act 2010**

**Partial Postcode (ie DN2 5) \_\_\_\_\_**

**Age**

16 & Under  17-24  25-34  35-44  45-54  55-64  65-74  75 and over  Prefer not to say

**Gender and Sexual Orientation**

Male  Female  Prefer not to say   
 Heterosexual/ Straight  Homosexual/ lesbian  Bisexual  N/a Prefer not to say

**Marriage and Civil Partnership**

Single  Married  Widow  Civil Partnership  Divorced  N/a Prefer not to say

**Gender Reassignment**

Transsexual with acquired male gender  Transsexual with acquired female gender  N/a Prefer not to say

**Race**

**Asian/Asian British**

Bangladeshi  Indian  Pakistani  Chinese  Other Asian background  Please State \_\_\_\_\_

**Black/African/Caribbean/Black British**

African  Caribbean  Other Black Background  Please State \_\_\_\_\_

**Mixed/Multiple Ethnic Groups**

White & Black African  White & Asian  White & Black Caribbean  Other Mixed Background  Please State \_\_\_\_\_

**White**

British  Irish  Other White Background  Please State \_\_\_\_\_

**Other Ethnic Groups**

Traveller  Irish Traveller  Gypsy  EU Migrant  Asylum Seeker  Refugee

**If other Please State \_\_\_\_\_**

**Disability**

The Equality Act 2010 defines disability as: "a person has a disability if s/he has a physical or mental impairment which has substantial and long term adverse effect upon their ability to carry out normal day to day activities"

Do you consider yourself to have a disability? Yes  No

If you do consider to have a disability please indicate which of the following options describes your disability?

Mobility (Getting Around)  Visual Impairment  Deaf/Hearing Impairment  Using Hand/Fingers  Learning Difficulty  Mental Health

If other Please State \_\_\_\_\_

**Religion/Belief**

Buddhist  Christian  Sikh  Hindu  Jewish  Muslim  No Religion  Prefer not to say

**If other please State \_\_\_\_\_**