

# Ambrít Early Childhood Home Survey

## Nursery

Your child's development is important to us. Please share it by completing this questionnaire. You can fill in the questionnaire and send it back via E-Mail or print it out and bring it in to school.

### Language/Culture

1. Name \_\_\_\_\_ Age \_\_\_\_\_

2. Where was your child born and have they lived in any other country?

\_\_\_\_\_

3. How long have you been in Rome? \_\_\_\_\_

\_\_\_\_\_

4. Name and age of siblings

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What languages are spoken at home and by whom?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What language does your child speak? What languages do they understand?

\_\_\_\_\_

\_\_\_\_\_

7. Does your child speak clearly and in full sentences?

\_\_\_\_\_

\_\_\_\_\_

8. Does your child celebrate any cultural or religious holidays?

\_\_\_\_\_

\_\_\_\_\_

Health and Well-being

9. Is your child frightened of anything and if so, how do they react?

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10. What techniques do you use;  
When your child is angry?

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When your child needs comforting?

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When you need to set a limit or discipline your child?

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11. What are his/her eating habits like, likes and dislikes?

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12. Is your child independent in their toileting habits?

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13. Is he/she able to dress themselves?

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14. Does your child take a nap in the afternoon?

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15. What time does he/she go to bed at night?

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16. Has your child had any other school experience?

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17. Is your child cared for by anyone other than his/her parents?

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18. Does your child have any allergies to food, medicine or insect bites?

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19. Do you have any concerns about your child?

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20. What do you hope that your child will gain from our program?

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Any additional comments.