



# Mental Health and Wellbeing Questionnaire



We are asking all parents to complete a Mental Health and Wellbeing Questionnaire (MH&WB) about their child in order to support us in making their transition in September as successful as possible. Thank you for taking the time to complete this questionnaire with as much detail as possible.

-----  
Name of Child \_\_\_\_\_ Current Year Group \_\_\_\_\_

Person completing the questionnaire \_\_\_\_\_

Does your child enjoy any out of school interest and/or activities? What really fascinates your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which activities/lessons does your child enjoy the most within school? Which subject/s inspire them?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can upset your child? Does your child have any dislikes and/or triggers?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child were to become upset what is the best way to comfort them?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the child you see at home.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any tips for making your child’s classroom experience the best it can be?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any changes that may have happened recently or are about to happen within your family?  
(E.g. moving house, parent starting a new job, Grandma Gill has recently passed away, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

People who are important to your child who do NOT live in the family home

People and pets who live in the family  
home with your child

In order for us to better understand your child's home life please complete a small family tree. Please included relationship with your child and their name (E.g. Grandma Jill)