

Initial Meeting Questionnaire

Your Setting				
Name of Setting				
Your role				
Age of children a	nt the setting			
Number of childr	en on role			
Number of staff	at your setting _			
Meeting Times				
What time of day	y best suits you?			
	Am	Pm	Afterschool	Evening
	8.00-9.30am	2.30-4.00pm	4.00-5.30pm	5.30-7pm
Monday				
Tuesday				
Wednesday				
Thursday				
Strengths What are the	strengths of you	r setting, team or	children?	

<u>Training</u>

_	nat area of the EYFS do you feel your cohort or staff would benefit from?
_ A	e there any resources you feel you need support or ideas with?
	you have an area you feel you could share your knowledge of with the

Any other comments or suggestions?