This is how I draw myself





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| Things I like:  |
| Things I do not like and what scares me: |
| Things I am good at: |
| What do I want to learn at school? |
| My friends are: |



This is how I write my name

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| --- | --- |
| **Child’s full name:**  | Date of birth: |
| Mother’s name: |
| Father’s name: |
| Other person/ legal representative: |
| Class: | Date of entry  |
| Brothers/sisters (names, date of birth) |
| **Linguistic information** **Languages spoken at home** |
| Mother: |
| Father:  |
| Languages of other carers, e.g. Childminder/grandparents: |
| Dominant language of the child |
| **Previous educational experience please note the length of time attended** |
| Playgroup: | Nursery:  | Other:  |
| Comments  |
| Please give details of current out of school activities: |

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| **Me and the others Play**  |
| Please comment on games/ toys/activities that your child particularly enjoys |
| Within the family: |
| With friends: |
| Playing alone: |
| Comments  |
| **Me and the world language** |
| When did your child begin to speak? |
| Is his/her speech clear to you? |
| To others? |
| Comments |
| **Me and my body**  |
| Has your child’s hearing ever been tested? | Yes | No |
| By Whom? |
| When? |
| Outcome/comments: |
| Does your child suffer from frequent colds/ blocked nose, etc?  | Yes  | No |
| Comments: |
| Has your child’s sight ever been tested? | Yes | No |
| By Whom? |
| When? |
| Outcome/comments: |
| Did your child crawl? |
| At what age did your child start to walk? |
| Is he/she independent dressing/undressing? |
| Is he/she independent toileting by day/ by night? |
| Is he/she independent eating? |
| Comments:  |
| Please tick if your child has experience using: | pencils/crayons  |  |
| paintbrushes |  | threading beads |  | glue/paste |  | scissors |  |
| Comments: |
| Is there any medical or other information which your child’s teacher needs to know? |