Things I like

My friends are:

(in/out of Pre-School)

My favourite toy is:

My favourite book is:

My favourite song is:

My favourite TV programme/video/DVD is:

I am very attached to:

I enjoy:

Other People

People think I am good at:

Sometimes I worry people because:

When I meet other children I:

When I meet new adults I:

My Health

I usually: (please circle)

Sleep very well quite well not very well

Hear very well quite well not very well

See very well quite well not very well

Talk very well quite well not very well

Other people who help me include: (speech therapist, consultant, doctor, health visitor)

Home Life

I live with: (names and relationship to child)

Other people I regularly see are: (names, relationship to child, frequency of visits)

At home our language is:

Food and Drink

I like to eat:

I like to drink:

I cannot eat:

I cannot drink:

I feed myself with:

I drink out of:

I am allergic to:

Personal Care

The stage I have reached with toileting is:

(In nappies, toilet training, trained)

When I get dressed/undressed by myself I can:

I need adults to help me with:

Other Settings

I have already been to (a childminders, parent/toddler group, playgroup, nursery) at:

Whilst I come to Greatworth Pre--School will still be attending:

(above settings & frequency)



#  Greatworth Pre-School

Registered Charity: 1027508

All About Me

Thank you for completing this document about your child.

It gives us a range of important basic information about your

child to help us tailor our provision to their needs.

You may find it useful to complete some sections with your child, particularly those involving their preferences.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date this record was completed: \_\_\_\_\_\_\_\_\_\_

Please insert a photograph of your child or get them to draw themselves.

Information from Parents

About my child starting Pre-School

This is what I am looking forward to:

I feel anxious about:

My child is looking forward to:

This record will be read by your child’s key person and they will pass any relevant details on to the other staff.

Key person signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_