August 2020

Child’s full name:

Child’s preferred name:

Dear Parents,
Please could you complete this form so that we can have a better understanding about your child when they first start school.
Please be as honest as you can and do not worry if you do not know all of the answers, it is not a test but a means of sharing information about your child, their individual needs and achievements. Please remember there are no right or wrong answers!

Many thanks
Mrs Dobbs, Miss Maple and Mrs Regan

Please circle the relevant answers

Does your child have any pre-school experience?
Yes – Playgroup Nursery Home No

Does your child attend Speech Therapy sessions?
Yes No If yes please give details:
Has your child previously attended Speech Therapy sessions?

Yes  No  If yes please give details:

Does your child have any special needs or medical requirements?

Does your child have any siblings? (Please state their names and ages)

Is there any additional information about your child which you think we should know?

**Personal, Social and emotional Development**

Does your child like playing with other children?  Yes  No

Does your child prefer to play alone?  Yes  No

Is your child shy?  Yes  No

Does your child have an out-going personality?  Yes  No

Will your child talk easily to adults?  Yes  No

Does your child play cooperatively?  Yes  No

Can your child do things for themselves?
(e.g. use the toilet, put on their coat, get dressed independently)  Yes  No

**Physical Development**

Does your child like to do jigsaws?  Yes  No

Can your child build towers with blocks?  Yes  No

Does your child enjoy using construction to build different things?  Yes  No
Does your child use play dough at home? Yes  No

Can your child use scissors? Yes  No

Does your child like to run and jump? Yes  No

Can your child climb safely on a climbing frame? Yes  No

Can your child:
  * pedal a bike? Yes  No
  * use a scooter? Yes  No
  * throw, catch, kick a large ball? Yes  No

**Communication, Language and Literacy**

Does your child like to look at books? Yes  No

Does your child enjoy sitting quietly and listening to a story? Yes  No

Does your child talk to you about what is happening in the story? Yes  No

Can your child use pencil and crayons to make marks on paper? Yes  No

Can your child hold a pencil correctly? Yes  No

**Mathematics**

Can your child count in order to 10? Yes  No

Do they recognise their numbers to:
  * 5? Yes  No
  * 10? Yes  No
  * 20? Yes  No

Can they recognise a:
  * square  ? Yes  No
  * circle  ? Yes  No
  * rectangle  ? Yes  No
  * triangle  ? Yes  No
This is me
(Please ask your child to draw a picture of themselves)

I can write my name: