



ALL ABOUT YOUR CHILD

ON ENTRY INFORMATION

Parents please can you share with us all information on your child by completing the details below. This will enable us to understand what level of learning your child is up to as well as what areas of development your child prefers. We understand that each child is unique and has their own potential through learning. These questions will allow us to not only help your child, but help us to get to know your child.

Child's name in full:

FAMILY INFORMATION

Does your child have any siblings?	YES	NO
How many? Names and ages		
Do you have any family pets?	YES	NO
What are they? Names?		
Does your child respond to any nicknames?	YES	NO
What are they?		

YOUR CHILD

How well does your child get along with other children?

What is your child's favourite:

Game:

Toy:

Rhyme:

Food:

Drink:

Anything else:

What is your child's least favourite food?

and do they have any food allergies?

MEDICAL INFORMATION

Does your child have any allergies	YES	NO
What are they?		
Does your child have any know medical conditions?	YES	NO
What are they? Medications? Any other information?		

SLEEPING

Does your child have a regular bedtime schedule?	YES	NO
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What is this

What time does your child usually go to bed?:

What time does your child usually wake up?:

Are there any troubles sleeping?	YES	NO
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What are they?

Are there any special items your child needs to go to sleep?

What is your child's disposition upon waking up?

PERSONAL, SOCIAL AND EMOTIONAL DEVELOPMENT:

- Self-confidence and self-awareness
- Managing feelings and behaviour
- Making relationships

Does your child enjoy the company of others?	YES	NO
Any other information		

Can your child respond when talking to?	YES	NO
Any other information? do they like cuddles?		

How is your child comforted?

Does your child understand YES / NO and some boundaries	YES	NO
Any other information?		

PHYSICAL DEVELOPMENT:

• Moving and Handling • Health and Self-Care

What movements does your child make?

How is your child express comfort, hunger or thirst?

How does your child respond at meal times?:

Can they use a spoon?

Can they hold a bottle or cup?

Use finger foods?

Anything else?

COMMUNICATION AND LANGUAGE DEVELOPMENT:

- Listening and attention • Understanding • Speaking

Does your child respond to sounds, voices and interactions	YES	NO
Any other comment?		

Does your child concentrate on objects or activities	YES	NO
Any other comment?		

Does your child respond to his/her name?	YES	NO
Any other comment?		

Does your child understand any words in context	YES	NO
What are these?		

Does your child use sounds or words?	YES	NO
What are these?		

Does your child use any actions to communicate?	YES	NO
What are these?		

Anything else?

Parent/Carer's Name:

Relationship to child:

Date:

Parent/Carer's Signature: