



Please attach a photograph of your child.

Child's name

Date of birth

ALL ABOUT ME

This is a drawing of me.

My name is...

Personal and social skills

Can your child...	yes	needs some help
Put on his/her coat?	<input type="checkbox"/>	<input type="checkbox"/>
Put on and fasten his/her shoes?	<input type="checkbox"/>	<input type="checkbox"/>
Get dressed and undressed?	<input type="checkbox"/>	<input type="checkbox"/>
Go to the toilet on his/her own?	<input type="checkbox"/>	<input type="checkbox"/>
Wash and dry his/her hands?	<input type="checkbox"/>	<input type="checkbox"/>
Blow his/her nose?	<input type="checkbox"/>	<input type="checkbox"/>
Tidy/Clear away his/her toys?	<input type="checkbox"/>	<input type="checkbox"/>

Pre-school Information

Name of playgroup/nursery:.....

Did your child settle easily?.....

Friends' names that will be starting in EYFS at Summerlea:

.....
.....
.....

(We will try, where possible, to place your child in a class with at least one child they are familiar with.)

At Home

Name/s and age/s of brothers and sisters.....

.....

What does your child enjoy doing at home?.....

.....

.....

Developmental stage

Is your child able to...

	Yes	Not Yet
Recognise his/her name?	<input type="checkbox"/>	<input type="checkbox"/>
Independently write his/her name?	<input type="checkbox"/>	<input type="checkbox"/>
or, copy his/her name?	<input type="checkbox"/>	<input type="checkbox"/>
Draw a recognisable picture?	<input type="checkbox"/>	<input type="checkbox"/>
Count to 10?	<input type="checkbox"/>	<input type="checkbox"/>
Recognise colours?	<input type="checkbox"/>	<input type="checkbox"/>
Recognise shapes?	<input type="checkbox"/>	<input type="checkbox"/>
Cut with scissors?	<input type="checkbox"/>	<input type="checkbox"/>
Throw a ball?	<input type="checkbox"/>	<input type="checkbox"/>
Catch a ball?	<input type="checkbox"/>	<input type="checkbox"/>

Other Important Information

Please could you answer the following:

- ❖ Do you think your child is ready for school and will settle easily?

- ❖ Does your child play cooperatively with other children?

- ❖ Does your child have any Special Educational Needs or Disability?

- ❖ Is there anything about your child's health we need to know about e.g. allergies, medication?

- ❖ What language do you speak at home?

- ❖ Do we need to know about any religious or cultural considerations?

- ❖ Is there anything else you feel we need to know?

Signed.....

Parents/Carer names.....

Contact telephone numbers:.....

Thank you for taking the time to complete this booklet. The more information we have about your child supports us in providing the best start and continued care throughout their time at school.

Please return this booklet to school by Friday 14th May