**Parent/Carer,**

Please fill out All About Me and the Questionnaire. They will help us to understand your child and their stage of development when they start with us at preschool. It will enable us to help settle him/her into the routine and to plan for their individual needs.

All About Me

My name is:

I like to be called...................................... because it makes me feel special

My birthday is:

When I’m at home, I like to play with:

My favourite toys are:

My favourite story or stories are:

I prefer to drink milk/water.

I have a special word for the toilet?

Does your child have a pacifier I.e. dummy or thumb?

Does your child have a special toy or object they might bring with them?

Is there anything else we should be aware of for example, a comforter, any fears they may have or special words they may use, e.g. a comforter etc.

**Questionnaire:**  **Childs Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What is your child’s usual sleep pattern? | | | | | | | | | | |
| Does your child play alongside other children/adults? | | | | Yes | □ | | | No | | □ |
| Can your child use a spoon/fork to feed him/her self? | | | | Yes | □ | | | No | | □ |
| Can your child drink from a cup? | | | | Yes | □ | | | No | | □ |
| Does your child feel confident to ask to use the toilet (if dry) or ask for help with anything else? | | | | Yes | □ | | | No | | □ |
| Does your child enjoy stories, rhymes and songs? Does he/she enjoy joining in with others? | | | | Yes | □ | | | No | | □ |
| Does your child understand simple questions, using the words: Who, Where, What? | | | | Yes | □ | | | No | | □ |
| Does your child use gestures while talking? | | | | Yes | □ | | | No | | □ |
| Can your child form simply sentences? | | | | Yes | □ | | | No | | □ |
| Can your child jump on two feet without help? | | | | Yes | □ | | | No | | □ |
| Can your child Jump on one foot? | | | | Yes | □ | | | No | | □ |
| Can your child kick a ball? | | | | Yes | □ | | | No | | □ |
| Can your child catch a ball? | | | | Yes | □ | | | No | | □ |
| Can your child walk up and down the stairs holding on to a rail, two feet to a step? | | | | Yes | □ | | | No | | □ |
| Does your child show interest in dressing/undressing him/herself? | | | | Yes | □ | | | No | | □ |
| Can your child wash their hands independently? | | | | Yes | □ | | | No | | □ |
| If your child is aged three years or over, does he or she have difficulty with any of the following: | | | | | | | | | | |
| Speaking and communicating | | | | Yes | □ | | | No | | □ |
| Listening and respond in play | | | | Yes | □ | | | No | | □ |
| Understanding simple instructions | | | | Yes | □ | | | No | | □ |
| Eating and drinking | | | | Yes | □ | | | No | | □ |
| Sitting and sharing a book | | | | Yes | □ | | | No | | □ |
| Walking and climbing | | | | Yes | □ | | | No | | □ |
| Rolling a ball | | | | Yes | □ | | | No | | □ |
| Holding a crayon | | | | Yes | □ | | | No | | □ |
| Socialising with adults and other children | | | | Yes | □ | | | No | | □ |
| Using the toilet | | | | Yes | □ | | | No | | □ |
| Do you have any concerns in relation to you child? | | | | | | | | | | |
| Are any of the following in place for the child? | | | | | | | | | | |
| SEN action plan | | |  | | |  | |  |  | |
| Education, Health and Care Plan | | |  | | |  | |  |  | |
| Disability Living Allowance or Personal Independance Payment | | |  | | |  | |  |  | |
| If any, what special support will he/she require in our setting? | | | | | | | | | | |
| *Two year old progress check – children aged 24 – 36 months* | | | | | | | | | | |
| If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes □ No □ | | | | | | | | | | |
| Setting completing check |  | Date completed | | | | |  | | | |
| If no arrangements have been made to have this completed, then as per the requirements of the Early Years Foundation Stage, we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you. | | | | | | | | | | |