

Etwall Primary School

Please complete this booklet with your child where appropriate

It will give us key information about your child

Date of completion: _____ Completed by: _____

Name of child: _____

Date of birth: _____

Who is part of my family: _____

Previous experiences - child minder, nursery, pre-school (please include age when attending):-

What does your child enjoy doing?

At home what does your child like to do:

Look at books?

Favourite book:-

Do jigsaws?

Play with construction toys?

Sing and dance?

Favourite toys:-

Other interests:-



Personal, social and emotional behaviour



(Please tick where appropriate)

My child can:

- Make his/her needs known.....
- Likes to play alone.....
- Likes to play with others.....
- Mixes well with adults and children outside the immediate family.....
- Go to the toilet by him/her self.....
- Fasten his/her coat.....
- Use a knife and fork.....
- Dress/undress by him/her self.....
- Wipe his/her nose.....

Does your child have any worries or fears?

Which of these words best describe your child at home?

- | | | | | |
|--------|--------------|------------|------------|--|
| happy | loud | excitable | anxious | |
| quiet | immature | aggressive | boisterous | |
| lively | bad-tempered | confident | shy | |
| calm | cheerful | gentle | sensible | |



Physical Development

(Please tick where appropriate)

My child can:

	Can	Enjoys doing
Run	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input type="checkbox"/>
Playing with a ball (throw, kick, roll, catch)	<input type="checkbox"/>	<input type="checkbox"/>
Build with bricks	<input type="checkbox"/>	<input type="checkbox"/>
Do jigsaws	<input type="checkbox"/>	<input type="checkbox"/>
Draw	<input type="checkbox"/>	<input type="checkbox"/>
Cut out with scissors	<input type="checkbox"/>	<input type="checkbox"/>
Other comments		

My child shows a preference for using his/her:

right hand left hand no preference

Circle the picture that looks like their pencil grip.





Communication and Language

What is your child like at home? Does he/she cooperate, listen to instructions, fit into family routines. Moods: good, bad, temper tantrums, sulky.

What are your child's main interests?

Please tick where appropriate

My child:-

- Uses phrases or sentences when communicating.....
- Listens, understands and responds to others.....
- Concentrates well.....
- Asks many questions.....
- Enjoys talking to other children.....
- Enjoys talking to others.....
- Recites nursery rhymes.....

Other comments



Literacy



Please tick where appropriate

My child:-

Enjoys looking at books.....

Recognises his/her own name.....

Pretends to read.....

Pretends to write.....

Writes his/her name.....

Other comments

Please ask your child to mark make here.



Please tick where appropriate

My child:-

Counts.....

He/she counts to _____

Recognises written numbers.....

If so, which numbers?

Can recite number rhymes.....

If so, which ones?

Recognises shapes.....

If so, which shapes?

Can name 2/3 shapes e.g. triangle, circle.

Recognises colours

Names colours

Sorts objects (e.g. clothes - my clothes,
my brother's clothes).....

Understands the times of the day.....

(E.g. I go to preschool in the morning and

Then I am collected at lunchtime)

Uses language associated to shape, space and measure....

(E.g. heavy, biggest, smallest, tallest,

Longest, shortest)

Uses and understands language associated to position.....

(E.g. on top of, behind, in front, next to)

Other comments



Understanding the World



Please tick where appropriate

My child:-

Is interested in their family and events that have happened or are planned for the future.....

Talks about the similarities and differences between objects and living things.....

Is curious about the world around them.....

Is interested in how things work.....

Operates the TV, CD / DVD player etc under supervision.....

Knows how to use a laptop / computer.....

Other comments



Expressive Arts and Design



Please tick where appropriate

My child: -

	Can	Enjoys
Sings	<input type="checkbox"/>	<input type="checkbox"/>
Dances	<input type="checkbox"/>	<input type="checkbox"/>
Listens to music	<input type="checkbox"/>	<input type="checkbox"/>
Knows songs by heart	<input type="checkbox"/>	<input type="checkbox"/>
Paints	<input type="checkbox"/>	<input type="checkbox"/>
Draws	<input type="checkbox"/>	<input type="checkbox"/>
Makes models	<input type="checkbox"/>	<input type="checkbox"/>
Uses his/her imagination (e.g dresses up, pretend play)	<input type="checkbox"/>	<input type="checkbox"/>

Other comments

Please ask your child to draw themselves (without any help) and if they wish they may colour it in too.