

Child's Name:

We would like to get to know your child better and would appreciate it, if you could fill in the boxes below with information.

My child's favourite things at home:
(toys, games, comfort objects, stories, places)

People your child likes to talk and hear about:
(family members, friends, pets)

My child's routines:
(eating, sleeping, toileting habits, who will bring & collect, other childcare placements)

How my child communicates:
(special words, gestures)

My child's additional needs/specific requirements:
(medical, health care)

Their involvement with other agencies:
(First team, speech & language)

What makes my child happy, sad, scared, angry:

Anything else you think we might need/like to know about:

Date: