

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: .....