All about me and my family

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| Child’s Name |  |
| What does your child get called at home? |  |

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| Who lives with your child? |  |
| Does your child have siblings?  (Names & ages) |  |
| Who else is an important part of your child’s life?  (Grandparents, Aunts & Uncles) |  |
| Does your child have a pet? |  |

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| Does your child have any part or ongoing, medical conditions?  Please provide further information. |  |
| Does your child take any regular medication? Please provide further information |  |
| Does your child have any allergies / intolerances?  Please provide further information. |  |
| Does your child have any dietary requirements? Please provide further information. |  |
| Do you have any concerns about your child’s communication or speech? Have they been referred to a speech therapist? |  |
| Do you have any concerns about your child’s eyesight or hearing?  Do they wear glasses? |  |

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| Please let us know how your child copes with the following self-care tasks. Please indicate whether they are able to complete each task independently or whether they require support. | |
| Toileting |  |
| Dressing and undressing, including taking shoes and socks off and putting on and taking off coats. |  |

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| Does your child enjoy books and stories? Do they have any favourites? |  |
| Can they recognise or write their own name? |  |
| Does your child enjoy physical activities, such as running, jumping, dancing? Do you have any concerns about their movement? |  |
| Does your child enjoy drawing and making marks using a pencil or crayon? |  |
| What are your child’s strengths? What are they good at? |  |
| Is there anything else that you would like to tell us about your child?  (Please note any concerns or worries. You may want to comment on your child’s personality) | |