



All about me

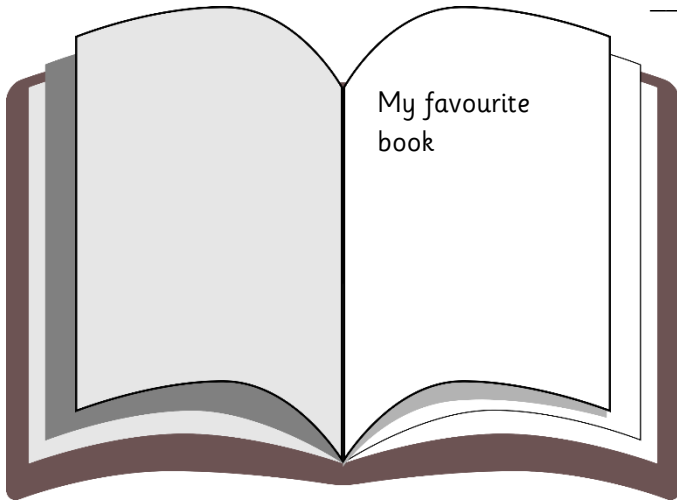
This is me...



I can write my name...

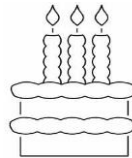
This is my family...

My friends are called



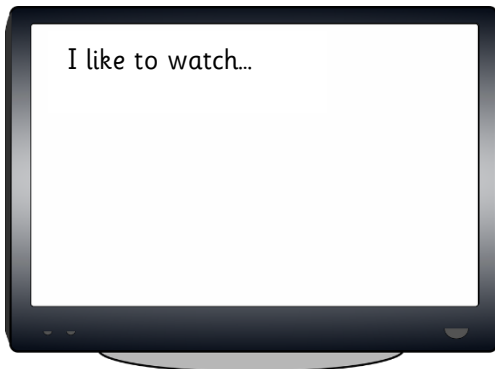
My favourite
book

My birthday is...



I enjoy...

I like to watch...



I would also like to share...

Please complete with your child and return to school by September.



Information collection sheet

What would you like us to call your child? (E.g. first name, first name & middle name etc.)

Does your child have any allergies or dietary requirements?

Is your child involved with any external agencies, e.g. speech therapy?

Does your child have any medical needs or require regular medication?

Does your child have any vision, hearing or speech difficulties?

What are your child's comforters when they are upset?

Is there any other information we need to know about your child?

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My Child's Development

Personal, Social and Emotional Development

How does your child deal with new situations? (e.g. meeting new people/going to a new place)

Gets straight on with it needs support finds it hard (please tick one)

When starting nursery, how did your child cope with being left?

At first the separation process was: easy fine difficult very difficult

Any other comments?

Playing:

My child usually: plays alone plays with other children

How easy does your child find it to share toys?

Easy sometimes tricky hard

Following Rules:

My child finds it very hard hard easy to follow rules **at home**.

My child finds it very hard hard easy to follow rules **at nursery**.

Communication and Language

When listening to stories, my child: (tick all that apply)

Looks at pictures points to words talks about the characters

When looking at books alone, my child: (tick all that apply)

Makes up the story remembers word for word
recites repeated phrases reads some familiar words

When communicating with others, my child: (tick all that apply)

Uses actions (e.g. points to things)
Speaks using single words (e.g. drink)
Speaks using 2-3 words (e.g. I want drink)
Speaks using full sentences: (e.g. Please can I have a drink?)

Languages spoken at home:

Physical Development

My child can: (tick all that apply)

run jump hop skip climb catch an object throw an object

My child can: (tick all that apply)

hold a pencil to draw use scissors to cut use a knife and fork

Please complete with your child and return to school by September.

My child: (choose one)

is right-handed

is left-handed

has no dominant hand yet

My child can independently: (tick all that apply)

Go to the toilet wipe after toileting wash hands blow his/her nose

Toileting:

My child is clean and dry during the day

My child is clean and dry during the night

Bedtime routine:

Does your child usually sleep all through the night? Yes No Sometimes

Does your child usually sleep in his/her own bed all night? Yes No Sometimes

Comments:

Literacy

My child: (tick all that apply)

Enjoys nursery rhymes/enjoys books/has a favourite book: _____

My child recognises these letters by: (circle all that apply)

Name: s, a, t, p, i, n, c, k, e, r, h, m, d, g, o, u, b, f, l, q, j, v, x, w, z, y

Sound: s, a, t, p, i, n, c, k, e, r, h, m, d, g, o, u, b, f, l, q, j, v, x, w, z, y

When drawing/writing my child makes these marks: (tick all that apply)

Circles spirals lines

writes letters writes own name

zig-zags

writes words

Ask your child to write his/her name here:

Mathematics

My child can recognise these numerals: (circle all that apply)

4, 3, 6, 0, 7, 2, 8, 1, 9, 5, 10, 15, 14, 12, 13, 16, 18, 20, 17, 19, 11

My child can say numbers up to _____ in order

Using sets of toys, can your child count a group of: 4 toys 6 toys 10 toys

My child can name these shapes: (circle all that apply)

Circle/triangle/square/rectangle/other _____

Understanding the World

Family

Does your child know who is in his/her family? YES/NO Can he/she name them? YES/NO

Experiences – Which experiences can your child talk about? (e.g. visits out, birthdays, holidays etc.)

My child has an interest in: (Please describe any of your child's particular interests)

My child can: (tick all that apply)

Operate a: cd/dvd player tablet camera
remote control computer mouse games console

Expressive Art and Design

My child likes to: (tick all that apply)

song songs dance/move to music dress up
draw paint 'get messy'



Safeguarding Password

Who will normally collect your child from school?				
Monday	Tuesday	Wednesday	Thursday	Friday
Please provide contact details for the person(s) collecting your child from school				
Name(s)	Address(es)		Telephone Number(s)	
1.				
2.				
3.				

If a person unknown to school arrives to collect your child, we will require a safeguarding password in order to allow your child to leave with that person. Please provide a password that is unique to you for our records.

Child's name: _____ Password: _____

Please complete with your child and return to school by September.



Electronic Journals



At Howletch Lane Primary School, we use electronic learning journals to document the children's development and learning. This is done by carrying out observations and taking photographs which are uploaded to 2simple platform. This software has the facility to share observations with parents and for parents to contribute to their child's learning journal with observations of activities carried out at home. We value any contribution that you would like to make to your child's online learning journal. You can add your own photos and comments about any special occasions or trips out – we love to hear all about your child's experiences.



In order to allow you access to this, we require an email address where you will be sent notifications. Please could you provide the email address where you would like this information to be sent below:

Parent email address:

Please complete with your child and return to school by September.