



About Me



A note for parents/carers

You are the ones who know your child best. In completing this booklet you will be sharing with us what you know about your child's interests and achievements, and help us to establish the valuable link between home and school.

We hope your child will enjoy talking to you about the questions and have fun drawing the pictures. Please encourage the children to draw and write as much as possible. Do not worry if the booklet is not completed today, please take it home to finish and hand back to us on your next visit.

Thank you for your help.

Emma Payne

All About Me

My name is (Child please write)

This is a drawing of me.

(Child to complete this page!)

My family



Can you draw and name your family? Do you have any brothers or sisters?

Ask your Mummy, Daddy or grown up to write the names and ages of any brothers or sisters on your picture.

(Child and adult to complete this page together!)

My Pets!

Do you have any pets? What are they? What are there names?

You can draw them if you want to!

Ask Mummy or Daddy to write their names!

Playing! Where have you played before?

(Please tick each box)

| At my friends' house | | | |
|--------------------------------------|--|--|--|
| At child minders | | | |
| At relatives houses | | | |
| Other ^{please give details} | | | |

At pre-school or nursery ... which one?

Draw some pictures of your friends. What are their names?

What I like doing!

What do you like doing? Drawing? Painting? Cutting out? Looking at books? Listening to stories? Favourite games? Being inside or outside?



What is the name of your favourite television programme?

My Hands!

Draw around your hands.

Left

Right

Colour in the one you use the most.

With my hands I can....

Please put a tick in the most appropriate box. When ticking the 'can' box, your child must do the task independently and without adult help!

| | Can | Almost can | Learning to | Not sure! |
|-------------------------------|-----|---------------|-------------|-----------|
| Copy my name | | | | |
| Write my name | | | | |
| Do up buttons | | | | |
| Put on my coat correctly | | | | |
| Do up a zip | | | | |
| Dress myself | | | | |
| Undress myself | | | | |
| Put on my shoes | | | | |
| Blow my nose | | | | |
| Cut with scissors | | | | |
| Use a knife and fork properly | | | | |
| Go to the toilet by myself | | | | |
| Wash and dry my hands | | | | |

With my feet I can...

| | Can | Almost can | Learning to |
|-------------|-----|------------|-------------|
| Нор | | | |
| Skip | | | |
| Jump | | | |
| Kick a ball | | | |
| Run | | | |

And finally...! A page for parents to fill in!

How do you feel about your child starting school? Do you have any worries or concerns that you wish us to know about? Does your child have any difficulties saying 'bye-bye'?

In what area, if any, do you think your child will need the most help and support?

Thank you for taking the time to complete this booklet. This is the start of a very special relationship between home and school for you and your child. If you ever have any worries or queries, however small, please come to see either of us. We look forwards to getting to know your child and of course, you!

Thank you 🜔