

What is your child's favourite story / stories

Your child could draw a picture of their favourite story here

What special games or toys does your child like?

Your child could draw a picture here

Does your child have any particular fears or worries that you would like us to know about?

Does your child have any special interests at the moment?

Does your child enjoy books and listening to stories?

Does your child like to talk and play with other children?

Independence – please tick the most appropriate answer

Can your child:	Yes	No	Almost	Needs help
Put on their own coat				
Fasten their own coat				
Put on their own shoes				
Dress themselves				
Look after themselves in the toilet				
Wash and dry their own hands				
Use a knife and fork				

Other language/s spoken at home:**Special Festivals / celebrations that are important to you:****Disability and Equality duty**

We are committed to ensuring that all children and families have equal access to all that the school has to offer; and to promoting positive attitudes towards disability. It would help us to know if your child, or any adults bringing your child to school, has any special needs or requirements. (e.g. a physical disability no matter how small, help with reading school letters / notices, hearing or speech impairments etc.). Please indicate below or in a separate letter; this information will be treated in confidence.

Is your child right handed**left handed****uses both****Any other information – please include family support, health visitor, CAHMS, other:**

Thank you for sharing this information with us. Please bring this completed questionnaire when you come for your first visit.

All information shared will be strictly confidential. Thank you.