

# All about me!

Name \_\_\_\_\_ Age \_\_\_\_\_

Please tick the boxes below to tell us about your child's skills and abilities. Please also tell us anything else that you would like us to know about things that your child enjoys. (Use the back of the sheet) Thank you for sharing this information with us!

*I enjoy babbling and making sounds*

- Yes  No
- Sometimes

*I get excited at meal times*

- Yes  No
- Sometimes

*When I lie on my back I enjoy holding my feet and toes*

- Yes  No
- Sometimes

*I am able to recognise my main carers voice*

- Yes  No
- Sometimes

*I enjoy rolling from my tummy to my back and back again*

- Yes  No
- Sometimes

*I turn my head when you call my name*

- Yes  No
- Sometimes

*I enjoy copying people's expressions*

- Yes  No
- Sometimes

*I am able to keep your attention by making eye contact and using my voice*

- Yes  No
- Sometimes

*I like to explore my toys using my mouth and hands*

- Yes  No
- Sometimes

*I can reach out for my toys and hold them in my hands*

- Yes  No
- Sometimes

*I love doing things that have an effect like shaking a rattle or kicking a mobile*

- Yes  No
- Sometimes

*I like to be comforted by being snuggled and rocked in your arms*

- Yes  No
- Sometimes

*New experiences will take my whole attention*

- Yes  No
- Sometimes

*I enjoy the company of others and like to be around new people*

- Yes  No
- Sometimes

*I enjoy listening to familiar sounds e.g. nursery rhymes*

- Yes  No
- Sometimes