

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 remember where things belong.

Yes No
 Sometimes

I like to do things myself – sometimes I might say “No!”

Yes No
 Sometimes

I enjoy the patterns and rhythms in rhymes and stories

Yes No
 Sometimes

I can copy familiar expressions like “Oh dear!”, “All gone!”

Yes No
 Sometimes

I am starting to ask simple questions.

Yes No
 Sometimes

I sort of know what a potty / toilet is used for.

Yes No
 Sometimes

I can balance some blocks to make a tower!

Yes No
 Sometimes

I can understand simple sentences like “Throw the ball”

Yes No
 Sometimes

I can hold my cup with both hands and drink (and not spill TOO much..!)

Yes No
 Sometimes

If you hold my hand I can walk upstairs.

Yes No
 Sometimes

I like books and have some favourite ones.

Yes No
 Sometimes

I like looking at pictures of myself and hearing stories about me!

Yes No
 Sometimes

In play I pretend similar objects are the same (a wooden block is a ‘car’.)

Yes No
 Sometimes

I like to play alongside others

Yes No
 Sometimes

I can operate toys with buttons, knobs and levers.

Yes No
 Sometimes