

All about me!

Name _____ Age _____

Please tick or shade 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 can let you know if I'm sad, happy, cross, worried etc.

- Yes No
 Sometimes

I know that some actions can hurt others

- Yes No
 Sometimes

I can put on my own hat and unzip my coat

- Yes No
 Sometimes

I am beginning to use three fingers to hold my pen and crayon

- Yes No
 Sometimes

I am starting to enjoy playing with other children.

- Yes No
 Sometimes

I am learning to say and use new words

- Yes No
 Sometimes

I can say some numbers in the right order

- Yes No
 Sometimes

I can feed myself with my spoon (without TOO much mess!)

- Yes No
 Sometimes

I can understand sentences like "put your toys away and then we'll read a book"

- Yes No
 Sometimes

I am starting to make-believe by pretending

- Yes No
 Sometimes

I notice simple shapes in the world around me

- Yes No
 Sometimes

I can fill in the missing words in a well known story, song or rhyme, e.g. "Has a poisonous wart at the end of his ...!"

- Yes No
 Sometimes

I can use simple sentences like "daddy gone work"

- Yes No
 Sometimes

I understand questions like "Who's that?" "Where is..?"

- Yes No
 Sometimes

I can understand words like "big" and "small".

- Yes No
 Sometimes