

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 notice different shapes when I'm out – like the "square window" or the "round moon"
 Yes No
 Sometimes

I am outgoing and confident in new social situations
 Yes No
 Sometimes

I can adapt my behaviour to different situations and routines
 Yes No
 Sometimes

I know and like to sing a few songs
 Yes No
 Sometimes

I understand instructions like "get that" and "put away the...."
 Yes No
 Sometimes

I can catch a large ball
 Yes No
 Sometimes

I like to play with others and can be friendly
 Yes No
 Sometimes

I'm starting to be interested in different things and can describe how they feel
 Yes No
 Sometimes

I can confidently ask adults for help
 Yes No
 Sometimes

I can turn on the ipad at home and use the tv remote control
 Yes No
 Sometimes

I can copy some letters from my name
 Yes No
 Sometimes

I can tell a grown up if I'm hungry or tired or when I want to play
 Yes No
 Sometimes

I sometimes sing to myself and even make up my own songs!
 Yes No
 Sometimes

I like looking at books on my own
 Yes No
 Sometimes

I can climb stairs with a foot on different steps
 Yes No
 Sometimes

I enjoy counting activities
 Yes No
 Sometimes