



I am going to Nursery, and I want to tell you all about myself.

My name is

.....

## My family and friends

I have..... brother(s) aged ..... called .....

I have..... sister(s) aged ..... called .....

The people I like being with are .....

My friends are .....  
(Please list children you know are coming to Holmesdale too.)

Often

Sometimes

I like to play with other children

I prefer to play on my own



## How I play and learn

I like to

Yes

No

Sometimes

Comment

Talk to other children

Talk to grown ups

My favourite songs and rhymes are .....

.....

My favourite game is .....

Yes

Not yet

I have learnt to take turns in a game

My best toy is .....

I like to

Yes

No

Look at a book



My favourite book is .....

Listen to stories

My favourite story is .....

### What I am like now

I am happy when.....

I get upset when.....

When I start school I am looking forward to .....

I usually prefer to use



my right hand

☐

my left hand

☐

either hand

☐

### What I can do

	Can already	I need a little help
Eat with a spoon	<input type="checkbox"/>	<input type="checkbox"/>
Use a knife and fork	<input type="checkbox"/>	<input type="checkbox"/>
Put on my coat	<input type="checkbox"/>	<input type="checkbox"/>
Put on my shoes and socks	<input type="checkbox"/>	<input type="checkbox"/>
Do up buttons	<input type="checkbox"/>	<input type="checkbox"/>
Flush the toilet	<input type="checkbox"/>	<input type="checkbox"/>
Go to the toilet on my own	<input type="checkbox"/>	<input type="checkbox"/>
Wash and dry my hands	<input type="checkbox"/>	<input type="checkbox"/>
Blow my nose	<input type="checkbox"/>	<input type="checkbox"/>

### I can

	Yes	Not yet		Yes	Not yet
Play with puzzles	<input type="checkbox"/>	<input type="checkbox"/>	Cut with scissors	<input type="checkbox"/>	<input type="checkbox"/>
Recognise my name	<input type="checkbox"/>	<input type="checkbox"/>	Draw	<input type="checkbox"/>	<input type="checkbox"/>
Copy my name	<input type="checkbox"/>	<input type="checkbox"/>	Paint	<input type="checkbox"/>	<input type="checkbox"/>
Jump	<input type="checkbox"/>	<input type="checkbox"/>	Throw and ball	<input type="checkbox"/>	<input type="checkbox"/>
Kick a ball	<input type="checkbox"/>	<input type="checkbox"/>	Catch a ball	<input type="checkbox"/>	<input type="checkbox"/>

Comments .....

.....

How many animals can you see in each picture?

				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I have been to playgroup / nursery

Yes	No
<input type="text"/>	<input type="text"/>

The playgroup I went to was .....

The nursery I went to was .....

Thank you for telling us all about you.

**To Parents**

Perhaps there are other things you as the parent would like us to know:

How did your child get on at playgroup? E.g. did your child find it difficult to leave you? Did he/she make friends easily? Did he/she particularly like or dislike any activity?

.....

.....

Do you want to make any other general comments about your child's readiness for nursery?

.....

.....

Are there any special family circumstances or events you would like us to know about, such as a new baby, illness in the family, or other changes in the family?

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Is there anything else you would like us to know?

.....

.....

**Home Visits** - please could you indicate whether there is dedicated parking/any parking arrangements or specific directions to your address for when teachers conduct home visits.

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Thank you