



I am going to school, 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

These are my friends who are going to Holmesdale School.....

Often

Sometimes

I like to play with other children

I prefer to play on my own



How I play and learn

I like to

Talk to other children

Yes

No

Sometimes

Comment

Talk to grown ups

My favourite songs and rhymes are

My favourite game is

I have learnt to take turns in a game

Yes

Not yet

My best toy is

I like to



Look at a book

Yes

No

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"/>
Write 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"/>

Yes No

I have been to playgroup / nursery

The playgroup/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 school?

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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?

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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.