

## ALL ABOUT ME

Child's name: .....

**Please talk with your child as you complete this section on their early experiences**

People and pets who live with me

.....

Other important people

.....

Places I have been to without my family

.....

When I play by myself I like to

.....

My special toy is .....

My favourite story is.....

My favourite song/nursery rhyme is .....

My favourite television programme is.....

My friends are .....

My favourite food is .....

I like .....

I want to learn .....

### LOOKING AFTER MYSELF

I can put on my coat Yes/Nearly/No

I can look after myself in the toilet Yes/Nearly/No

I can wash my hands Yes/Nearly/No

I can put on my shoes Yes/Nearly/No

***Please tell us about your child's likes and dislikes, worries and any other special interests, needs or achievements, on the reverse of this sheet. It will help us prepare to welcome your child into school.***