



TRUMPS GREEN INFANT SCHOOL



ALL ABOUT ME

A NOTE FOR PARENTS AND CARERS

As you are the one who knows your child best, in completing this booklet you will help to provide us with a little more information about your child's family, friends, interests and achievements.

My child's name is

Our family name/surname is

PLEASE INSERT A PHOTO  
OF YOUR CHILD

Please ask your child to draw a picture of themselves here.



When drawing or writing my child prefers to use their

right hand

left hand

either hand



**My family**

The people in my family who are important to me are.....


*Please include the names of family members and ages of siblings.*




Adults	Brother/s	Age	Sister/s	Age

**My friends**

My special friends are.....

**Independence**

	Always	Sometimes	Rarely
 <p data-bbox="384 1912 842 1951"><b>I can use the toilet independently.</b></p>			

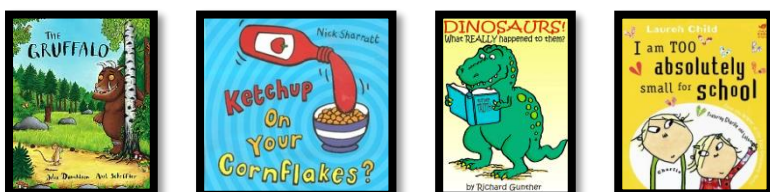
	<p>I wash my hands independently.</p>			
	<p>I can undress independently.</p>			
	<p>I can dress myself independently.</p>			

**Interests and achievements**



What type of activities does your child enjoy doing at home? Please tell us about any particular skills or interests?

**Favourite books**



Please list some of your child's favourite stories that they enjoy sharing with you at home.

**Numbers**

1 2 3 4 5 6 7 8 9 10

My child <b>enjoys counting games and number activities.</b>	<b>Always</b>		<b>Sometimes</b>	
	My child can <b>recite numbers</b> in order up to	<b>None</b>	<b>5</b>	<b>10</b>
My child can <b>count sets of objects</b> up to	<b>None</b>	<b>5</b>	<b>10</b>	<b>Beyond 10 up to.....</b>
My child can <b>recognise numerals</b> up to	<b>None</b>	<b>5</b>	<b>10</b>	<b>Beyond 10 up to.....</b>

Perhaps there are other things you as a parent would like us to know.

Please list any allergies, medical conditions or dietary needs.

How does your child feel about starting school? Do you or your child have any concerns or worries e.g. *toileting, friendships, lunches?*

Please tell us about 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.

Please tell us which language/languages you speak at home.

Please tell us about the festivals that you celebrate in your family e.g. *Christmas, Easter, Diwali, Eid, Hannukah.*

Is there anything else you would like us to know?

Please complete the following

Nursery/Pre-school attended	Number of terms	Number of days/sessions attending each week

PLEASE RETURN THIS FORM ON YOUR CHILD'S FIRST DAY AT SCHOOL

THANK YOU