**ALL ABOUT ME**

|  |  |
| --- | --- |
| Name of child |  |
| Start date |  |
| Full name |  |
| Preferred name |  |
| Date of birth |  |
| Age on entry (in months) |  |
| Position in family  (oldest of three, only child etc) |  |
| Language(s) spoken at home |  |

|  |
| --- |
| Special/medical needs |
|  |

Previous or current settings:

|  |  |  |
| --- | --- | --- |
| Name of setting | Dates attended | Key person |
|  |  |  |

|  |
| --- |
| Family life and Relationships |
| I share my family home(s) with (including pets):  Other family/friends I am close to:  Family events we go to :  My perfect family day would be:  (where or what would we do and who with)  Have I formed relationships with my key person in my current setting  (if relevant)  What games/activities do I enjoy?  (bubbles, pop up games, round and round the garden etc)  How can you help me feel safe?  What extra help/ reassurances may I need through the day?  How do I respond to strangers? |
| About me |
| What makes me happy?  When am I at my most content/happy? How will I show it?  What are my interests?  How do I react to sensory experiences?  (consider weather, textures, messy play, noise, smells, bright lights, human touch and clothing)  How am I in big spaces? Do I like lots of people?  How do I react to adult instruction and what makes this easier for me?  How can you best support me with routine and expectations?  (do I need a sleep, do I need a comforter, do I respond to visual clues)  How do I best receive praise? |
| Communication |
| Words or signs I like to use (please put meanings of words if unclear)  My preferred way to communicate with you is:  Times in the day that I may struggle with?  What may help me with managing routine?  (think about pre-warning, visuals, comforter)  When I am unable to control my emotions, you may see me behave in these ways:  How can you help me control my emotions?  How do I cope with pain?  How can you reassure me that I am going to be, okay? |
| Learning through play |
| What would be my choice of play indoors?  What would be my choice of play outdoors?  How do I respond to other children in my play?  What difficulties may I experience when choosing my own activities?  What difficulties may I experience when an adult is leading activities |
| Self-care, independence and self-confidence |
| What do I like to do by myself? Or try by myself?  What do I like help with?  How can we better understand your diet and relationship with food and drink?  At what stage am I at in working towards independent toileting?  (please note any toileting worries)  Am I able to recognise risk?  (think about road safety, physical activity etc) |

Other agencies known to me

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency name** | **Contact** | **Last seen** | **Latest report/doc** |
| e.g..Health visitor |  |  |  |
| e.g. Speech and language |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Parent/carer comments |
| We have the following concerns about our child’s development: |
| These are the opportunities and support we as a family need: |