**All About Me**

**Child’s Name: DoB:**

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| **Your Child’s History** | |
| **Your child’s story so far….** | * *Birth Details- eg. full term, normal birth, any complications* * *Milestones – How old was your child when he/she… crawled; walked; ate solid food; babbled ?* * *When did you have concerns about your child’s development?* * *What were your concerns?* * *Does your child have any health needs or disability? eg. physical needs, hearing , diagnosis of disability.* * *Does your child have or use any specialist equipment or resources eg. glasses, hearing aids, walking frames, makaton ?* * *Previous nurseries/schools attended* |

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| **Family’s Details** | | |
| **Full name** | **Relationship** | **Contact Details** |
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| **Language used at home** | **Details of any interpretation/access support needed for the family** | |
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| **Professionals Involved** | | |
| **Name** | **Role** | **Contact Details** |
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| **About Your Child** | |
| What do people like and admire most about them? |  |
| What do they like doing? What makes them happy? | *eg. favourite activities, toys and games? Favourite places to go? Favourite songs and rhymes?* |
| What are they good at? |  |
| What do they find difficult? |  |
| What helps them learn? |  |
| What keeps them healthy? |  |

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| **Your Child’s Development** | |
| **Personal, Social & Emotional [PSE]** | |
| What experience does your child have of playing with other children? |  |
| What makes your child frustrated? What do they do when they are frustrated? |  |
| What things upset, frighten or worry your child? |  |
| What objects and/or activities comfort, soothe or calm your child? |  |
| What do typical routines look like eg. meal times, sleep times, active times or quiet times? |  |
| Does your child have any difficulties with these routines eg. sleeping? |  |

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| **Communication** | |
| Expressive | *How does your child make their needs known eg. words, sounds, pointing, gesture?*  *Does your child say any words?*  *Does your child have simple conversations with you?* |
| Receptive | *Does your child understand:*  *Simple instructions*  *Instructions out of context?*  *Where, who, what questions?* |

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| **Self-Care/ Independence Skills** | |
| Does your child need help with the following self-care activities?  If *yes*, what support do you give them? | * *Feeding and drinking* * *Toileting* * *Hand washing and cleaning their teeth* * *Removing simple clothing and putting on clothing* |

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| **Parent/Carer Views** | |
| What is important to you and for your child? |  |
| What’s working well for your child? |  |
| What is not working so well for your child at the moment? |  |
| What are your hopes for your child in a years’ time? |  |
| What are your hopes and aspirations for your child in the long term? |  |
| Is there anything else you would like to tell us about your child? |  |