

# All About Me...

Nurturing Trust,  
Confidence,  
Spirit & Ambition



My name is ..... I was born on .....

My Family are ..... One of our family values is.....

My favourite things are:

\* Friends .....

\* Things I like to do inside/outside.....

\* Story ..... \* Television programme / DVD.....

These are the things that I can already do on my own:

Use the toilet	Dress myself	Put on my coat and shoes
Use a fork (and knife)	Recognise my name	Recognise basic colours

• I get upset when (fears/ anxieties) .....

• You can help me by (strategies) .....

• I am right / left handed / use both hands

• When I am happy I like to.....

• When I am sad I like to.....

My child has some special health problems (allergies, asthma etc), they are:

My child's dietary requirements are.....

Tell us about your child's early physical development (bottom shuffler, crawler, early walker etc).....

My child has / had difficulty or delay in:

Walking	yes / no	Hearing	yes / no	Talking/Communicating	yes / no
Eyesight	yes / no	Co-ordination	yes / no	Other .....	

What experiences does your child have playing with other children? E.g., stay & play, Molly music, Pre-school, child minder.....

Tell us about your child's Communication & language development (Are they talking in sentences, are any of their speech sounds unclear, do they have any special words that only you can understand, how confident are they?)  
.....

My Password is.....

Key person is.....

My current interests.....

My Routine - Feeding/Sleep time etc.....

My dietary requirements are:.....

Other things I would like you to know about my child e.g: premature birth, traumatic birth, regular medication taken, uses a dummy etc  
.....

Things I have noticed about my child/how they learn.....

Parents interests/ skills which could be used in nursery.....