



**Section 1 (to be completed by parents)**

Child's name

Home language

Other languages spoken

Date of birth

Gender

**Personal, Social and Emotional Development**

Please mark **X** in each of the four scales below to indicate how your child mostly interacts:

Enjoys playing in groups	Enjoys playing on their own	Has one main interest	Has many varied interests
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enjoys change and variation	Enjoys order and routine	Is quiet and reserved	Is confident and outgoing
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate (mark **X**) which, if any, of the following statements most closely matches your child:

	Yes	Almost	No
i) Will join in with others during play	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii) Tries to help or give comfort when others are distressed	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii) Separates from main carer with support and encouragement	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv) Can express their own feelings, preferences and interests	<input type="text"/>	<input type="text"/>	<input type="text"/>
v) Shows understanding of and can cooperate with boundaries and routines	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Communication**

	Yes	Almost	No
i) Listens with interest to stories	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii) Can demonstrate single channelled attention	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii) Shows interest in play with sounds, songs and rhymes	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv) Uses language to share feelings, experiences and thoughts	<input type="text"/>	<input type="text"/>	<input type="text"/>
v) Asks a variety of different questions	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Physical development**

	Yes	Almost	No
i) Runs safely using their whole foot	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii) Turns pages in a book	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii) Shows preference for a dominant hand	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv) Feeds self completely with a spoon	<input type="text"/>	<input type="text"/>	<input type="text"/>
v) Clearly communicates their need to use the toilet	<input type="text"/>	<input type="text"/>	<input type="text"/>
vi) Helps to put on and take off their own clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please comment here if you have marked "No" or "Almost" for any of the statements above.

## General information

Please feel free to provide any additional comments (for example special skills or interests).

Your name

Contact email

Relationship with the child

Phone number

Date

## Section 2 (For school internal use)

Comments - A

Assessor

Printed name

Title

Date (dd/mm/yyyy)

Signature

Comments - PR

Printed name

Title

Date (dd/mm/yyyy)

Signature