



**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) Is confident when talking to other children during play and asking adults for help	<input type="text"/>		
ii) Is aware of their own feelings, and knows that actions and words can hurt other people	<input type="text"/>		
iii) Accepts the needs of others and can take turns and share resources	<input type="text"/>		
iv) Can play in a group, extending and elaborating play ideas	<input type="text"/>		
v) Initiates play, offering cues to peers to join them and demonstrates friendly behaviour	<input type="text"/>		
vi) Forms good relationships with peers and familiar adults	<input type="text"/>		

**Communication and Language Development**

	Yes	Almost	No
i) Listens to stories with attention and recall	<input type="text"/>		
ii) Is able to follow directions from others	<input type="text"/>		
iii) Understands preposition and is beginning to understand how and why questions	<input type="text"/>		
iv) Can retell a past event in correct order	<input type="text"/>		
v) Uses a range of tenses and vocabulary	<input type="text"/>		

**English language level**

	Native	Near native	Basic	None
Reading	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Writing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Speaking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Listening	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Physical Development**

	Yes	Almost	No
i) Moves freely with confidence in a range of ways	<input type="text"/>		
ii) Holds a pencil between thumb and two fingers, no longer using whole-hand grasp	<input type="text"/>		

## Physical Development

- iii) Draws lines and circles using gross motor movements and can copy some letters
- iv) Can tell adults when hungry or tired or when they want to rest or play
- v) Can manage washing and drying hands
- vi) Understands that equipment and tools must be used safely
- vii) Can attend to toileting needs most of the time themselves

Yes	Almost	No

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