



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) Initiates conversations and explains their own knowledge and understanding	<input type="text"/>		
ii) Is confident when speaking to others about their views and opinions	<input type="text"/>		
iii) Takes steps to resolve conflict with other children - able to negotiate	<input type="text"/>		
iv) Talks positively about the things they can do	<input type="text"/>		
v) Understands that their own actions affect other people	<input type="text"/>		

Communication and Language Development

	Yes	Almost	No
i) Maintains attention and concentrates	<input type="text"/>		
ii) Can demonstrate two channelled attention	<input type="text"/>		
iii) Responds to instructions involving a two part sequence	<input type="text"/>		
iv) Listens and responds to ideas expressed by others	<input type="text"/>		
v) Introduces a story or narrative into their play	<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"/>

Mandarin 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

- i) Experiments with different ways of moving
- ii) Jumps off an object and lands securely
- iii) Negotiates space successfully when running
- iv) Holds a pencil effectively to form most letters
- v) Can handle a range of tools
- vi) Eats a healthy range of food
- vii) Attends to all toileting needs independently

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