



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