



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