



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

Child's name  Date of birth

Home language  Gender

Other languages spoken

**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