



**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) 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"/>

**Physical Development**

	Yes	Almost	No
i) Experiments with different ways of moving	<input type="text"/>		
ii) Jumps off an object and lands securely	<input type="text"/>		
iii) Negotiates space successfully when running	<input type="text"/>		

### Physical Development

- 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

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