

All About Me

Starting Headlands School

September 2023

Name: _____

Photo



Name

Relationship

Name

Relationship

Name

Relationship

Special People

(.....and pets)

Name

Relationship

Name

Relationship

Name

Relationship



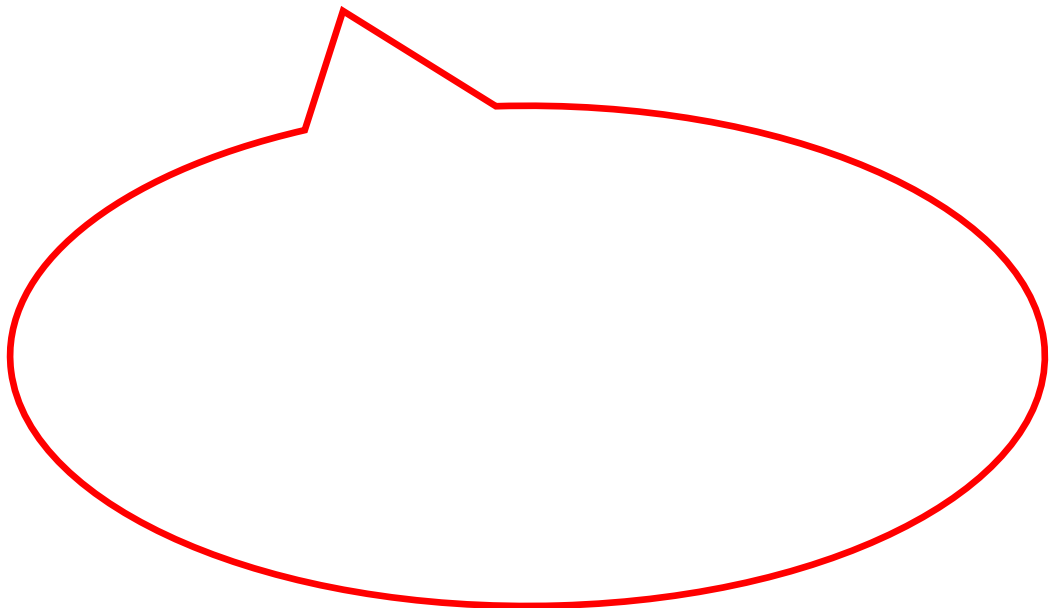
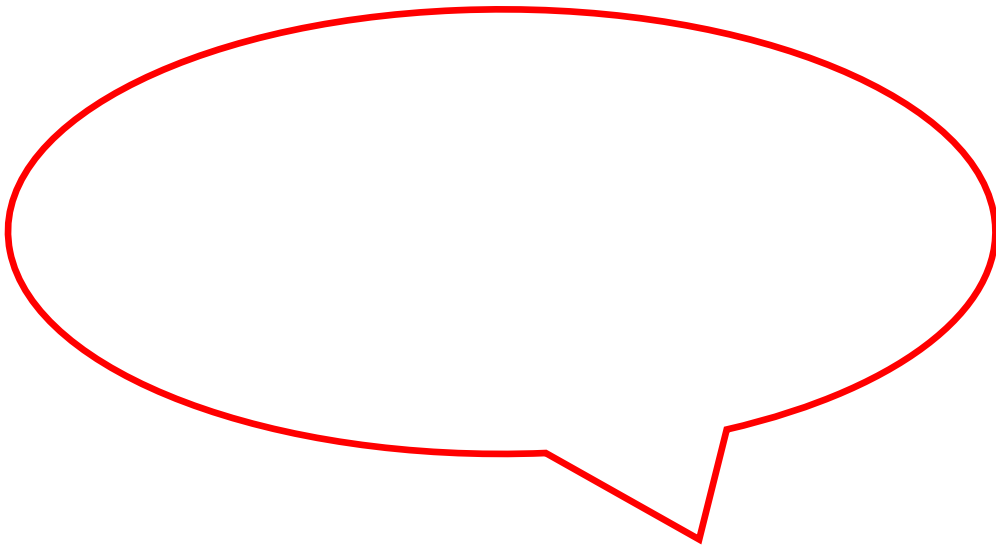
Things I like

Activities

Stories

TV characters

Activities I would like to do in my new
Reception class.



Personal, Social and Emotional Development

When faced with new situations and experiences (E.g. meeting new people/ going to a new place) my child:

My child has/has not* been left at any other setting. * (delete as appropriate)

At first, the separation process was easy/ fine/ difficult/ very difficult (please circle one)
Any other comments?

My child usually: plays alone/ with other children (please circle one)

When asked to share with other children my child:

Communication, Language and Literacy

When communicating with others, my child: (circle all that apply)

Uses actions: (e.g. points to things)

Speaks using single words: (e.g. drink)

Speaks using 2-3 words: (e.g. I want drink)

Speaks using full sentences: (e.g. Please can I have a drink?)

When listening to stories, my child: (circle all that apply)

Looks at pictures/ points to words/ talks about the characters.

When looking at books alone, my child (circle all that apply)

Makes up the story/ remembers story word for word/ recites repeated phrases/ reads some familiar words. E.g. 'the', 'me' / reads using phonic knowledge

My child recognises these letters by: (circle all that apply)

Name: s, a, t, p, i, n, m, d, g, o, c, k, e, u, r, h, b, f, l, q, j, v, x, w, z, y

Sound: s, a, t, p, i, n, m, d, g, o, c, k, e, u, r, h, b, f, l, q, j, v, x, w, z, y

When drawing/writing my child makes these marks: (circle all that apply)

Circles/ spirals/ lines/ zig-zags/ writes letters/ writes words/ writes name/

other.....

N.B. If possible, please provide an example of your child's **unaided** drawing/writing.

Mathematics

My child can recognise these numerals: (circle all that apply)

0, 3, 6, 7, 4, 2, 8, 1, 9, 5, 10, 15, 14, 12, 13, 16, 18, 20, 17, 19, 11

My child can say numbers up to _____ in order

My child can count up to _____ objects without help

My child can name these shapes: (circle all that apply)

Circle/ triangle/ square/ rectangle/ star/ hexagon/ other.....

My child understands and can describe these positions accurately: (circle all that apply)

On/ in/ under/ behind/ beside/ in between/ next to/ other.....

Understanding the World

My child has talked about these family/cultural/religious special occasions (please give an example or two):

My child has an interest in: (circle all that apply)

Animals/ plants/ nature/ houses/ cars/ buildings/ weather (Please describe any of your child's particular interest/s)

My child can: (circle all that apply)

Operate a CD/DVD player/ use a camera/ remote control/ use a computer mouse/ complete a simple game on the computer.

Physical Development

My child can: (circle all that apply)

Run/ jump/ hop/ skip/ climb/ catch an object/ throw an object/ catch an object/ kick a ball/ bounce a ball

My child can: (circle all that apply)

hold a pencil to draw/ use scissors to cut/ thread beads onto string/ pick up very small objects (e.g grain of rice)/ *use a knife and fork*

My child can independently: (circle all that apply)

Go to the toilet/ wash hands/ blow his/her nose

Put on shoes / socks or tights/ coat / trousers / t-shirt. Fasten shirt buttons/ zip.

Take off shoes / socks or tights / coat / trousers / t-shirt. Unbutton a shirt. Undo a zip.

Expressive Arts and Design

My child likes to:

Sing these songs:

Explore these instruments:

My child enjoys / does not* enjoy dancing/moving to music

When role playing, my child likes to pretend being:

My child enjoys: (circle all that apply) painting / gluing / making models /messy activities

Further information about your child

Brothers and sisters and their ages:	Who will collect your child from school?
Does your child have any allergies?	Dietary requirements:
Any vision, hearing or speech difficulties?	Does your child need regular medication?
Languages your child speaks at home:	People living in your home:
Favourite foods:	Foods your child does not like:
Name of current Nursery/Pre-school:	Does your child know anyone else starting at Headlands?

Please use this page to write about anything else you would like us to know about your child.

E.g. More detailed comments about your child's development, changes that have occurred at home recently, how your child behaves in certain situations, how s/he likes to be comforted, any concerns you or your child has about starting school.