

| | |
|--|--|
| | Can name a few colours. |
| | Can name numbers up to five. |
| | Can do simple sorting tasks, (such as sorting Lego from Stickle bricks when tidying away) |

| | |
|--|--|
| Please let us know if your child has a comfort toy that they may like to bring with them and what you call it. | |
| | |

This is a picture of me. (Please get your child to draw a picture of themselves)

This information was completed by;

Parent/Carer :

Date:



Sutton on the Hill Pre-School Child Profile

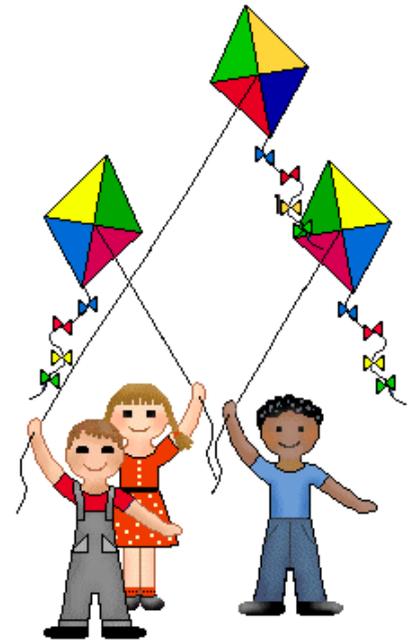
Dear Parents,

Please do not look at upon this form as a test which your child has to pass. There are no right or wrong answers. It is simply to give us a feel for what your child can do so that we can better meet their needs when they join us.

Try to answer the questions as honestly as you can. If you do not know all the answers, do not worry.

Please let us know anything else, which you think is important, which might affect your child's learning.

Thank you



| | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|
| Full Name of Child | | | | | | | | |
| Preferred Name | | | | | | | | |
| Date of Birth | d | d | m | m | y | y | y | y |
| Home Language | | | | | | | | |
| Other Languages | | | | | | | | |

Family Background e.g. (names and ages of brothers/sisters)

Things I like to do (Fill in this page with your child)

My favourite toys and activities are

Games I like to play

Stories I like to hear

Rhymes I like to sing

My friends are

Food I like to eat

Food I do not like

Pretend games I like to play

Any other information? (family pet etc...)

Tick the statement which applies to your child;

| <input type="checkbox"/> | Enjoys playing with other children. |
|--------------------------|---|
| <input type="checkbox"/> | Prefers playing alongside other children. |
| <input type="checkbox"/> | Prefers to play alone |
| <input type="checkbox"/> | Can use the toilet with help. |
| <input type="checkbox"/> | Can use the toilet without help. |
| <input type="checkbox"/> | Is not toilet trained. |
| <input type="checkbox"/> | Can put on own coat. |
| <input type="checkbox"/> | Can put on own shoes. |
| <input type="checkbox"/> | Can feed self. |

| <input type="checkbox"/> | Enjoys singing simple songs and rhymes. |
|--------------------------|---|
| <input type="checkbox"/> | Can follow simple instructions. |
| <input type="checkbox"/> | Speaks clearly most of the time. |
| <input type="checkbox"/> | Speaks unclear most of the time. |
| <input type="checkbox"/> | Can hold a simple conversation with adults. |
| <input type="checkbox"/> | Enjoys looking at books alone. |
| <input type="checkbox"/> | Enjoys listening to a story with an adult. |

| <input type="checkbox"/> | Likes to run. |
|--------------------------|---|
| <input type="checkbox"/> | Likes to jump. |
| <input type="checkbox"/> | Can climb/slide on a climbing frame with help. |
| <input type="checkbox"/> | Can climb/slide on a climbing frame without help. |
| <input type="checkbox"/> | Can pedal a tricycle. |
| <input type="checkbox"/> | Can kick a large ball. |
| <input type="checkbox"/> | Can catch a large ball. |
| <input type="checkbox"/> | Can throw a large ball. |
| <input type="checkbox"/> | Can complete an inset jigsaw. |
| <input type="checkbox"/> | Can build a tower with blocks. |
| <input type="checkbox"/> | Can use pencils/crayons to make marks on paper. |
| <input type="checkbox"/> | Attempts to snip with scissors. |
| Preferred hand: | |
| <input type="checkbox"/> | left |
| <input type="checkbox"/> | right |
| <input type="checkbox"/> | either |