

# All About Me



Growing early learners

My name is

.....

# WELCOME

## About this booklet

We would like to welcome you and your child to our setting.

To help us get to know your child quickly, it would be really helpful for you to share some information with us. Working in partnership with our parents and carers is essential to our work. You know your child the best and we are keen to share in that knowledge.

Transition periods in young children's lives need to be handled with great care, ensuring each child has positive experiences right from the start. All families are different and will need varying approaches, this booklet should be seen as recommended practice but has been designed with flexibility in mind.

On the following pages there are some questions to help us understand your child better so we can meet your child's individual needs, capture and agree your child's starting points. It is highly recommended that this booklet is completed in partnership with your child's Key person during your "settling in period" prior to your child's official start date.

The key person and parent may want to refer to [What to expect when 2018](#) when completing this booklet

# All About Me

Picture of  
me

My name is .....

Date of Birth .....

Date of Entry .....

My Parent's/Guardian's names

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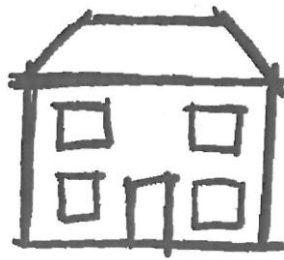
My sibling's names and ages are

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# Family and Other Special People

Who lives in my house?



I live with .....

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Please tell us a bit about your family

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Tell us about where you live, *I live in a house, a flat, I have access to my own garden or yard?*

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I have previously attended or I am still attending a nursery, childminder or cared by anybody other than my parents/ carers (including grandparents)

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# My Unique Child

I really enjoy and have a particular interest in *(this could include certain activities toys or food e.g. playing with dolls, lining up cars, getting messy, enjoys sharing books and singing)*

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I have some food preferences and/or allergies *(this could include cultural choices, weaning history, meals, snacks, drinks – general diet)*

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At the moment I dislike *(this could include certain activities, toys or food, e.g. things they may not enjoy such as getting messy hands, loud or sudden noises, certain food textures)*

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There have been some important events in my life recently *(such as a new baby, a special event, or an upsetting event)*

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The name of my Health Visitor and any other professional who helps me *(this could include a social worker, family support worker, speech and language therapist etc.)* This is important information for the 2 yr. old Integrated Review (progress Check at 2) and if appropriate Early Help

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# Individual Needs

I have some additional needs that you need to be aware of

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What calms and comforts me? *(Lots of cuddles, songs, objects such as blanket, dummy, soft toy)*

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What helps me feel secure and confident? *(Routines, consistency, familiar faces, photographs, calmness, any object such as favourite toy/comforter)*

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What affects my behaviour? *(Tiredness, change in routine, over stimulation, hunger)*

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# My Communication

Please use this space to record the different ways your child let's you know what they need (e.g. gestures such as pointing, talking, signing)

Languages spoken in my family are \_\_\_\_\_ state who speaks each language

I speak \_\_\_\_\_

*I can talk in words, phrases, sentences.*

*My family can understand what I say.*

*I speak in sentences of 3 words E.g. "Mummy do it", "My got one" please give some examples*

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My favourite books are, *this could include type of book E.g. lift the flap, touchy feely, favourite characters*

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I have favourite rhymes or songs, *these could be traditional nursery rhymes, theme tunes, pop, classical, musicals, family favourites*

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# My Physical Development

I can do things for myself (e.g. *feed myself, put my own coat on, use the toilet, wash my hands etc.*)

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I can move in different ways (e.g. *crawl, walk, run, roll, I can sit on the floor with support, I can roll from my tummy onto my back*)

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I use my hands to (e.g. *clap, join things, build things, hold things such as chunky pencils, crayons or paint brushes, I enjoy making marks with pencils and felt tips usually with my left hand*)

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**Please complete this section with your child’s key person within the first two weeks of your child starting**

**Note to Practitioners:** Information for the All About me (starting points on entry to the setting) will help show that children make progress relative to their starting points. In this section capture what the child can do and what they have enjoyed during the settling in visits. Make comments on how the parents and children feel the sessions have gone; including any resources the children have favoured and what future expectations they may have (refer to age related expectations). This information will help you plan to meet the interests and needs of each child entering you setting.

<b>My starting points on entry</b>		
Date completed:		
Parents/Carers Views and Comments:		
<b>Agreed development level</b>		
Communication & Language	Personal, Social & Emotional Development	Physical Development
I am progressing well (or on track) in this area	I am progressing well (or on track) in this area	I am progressing well (or on track) in this area
I may need some extra help in this area	I may need some extra help in this area	I may need some extra help in this area
My next steps are	My next steps are	My next steps are

Parent(s) /carer(s) signature		Date
Key person signature		Date