

All About Me

To make the transition from home to Little Footprints Nursery as smooth as possible, could you give us the information about the following areas:

Babies (0-1)

Meal times

- Has your baby been weaned?
 - Yes
 - No

- If so, what consistency do they currently have?
 - Smooth puree
 - Small lumps
 - Large lumps

Please list any favourite foods:

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.....

- Does your baby drink from a cup?
 - Yes
 - No

- Does your baby eat finger foods?
 - Yes
 - No

If so, what kind?

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- Does your baby try to feed him/herself yet?
 - Yes
 - No

Sleep times

- Does your baby sleep in a cot?

- Yes
- No

- What are the sleep times?

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.....
.....

- Does your baby take a favourite toy to bed?

- Yes
- No

Speech and language

- Does your baby babble or say any recognisable words?

- Yes
- No

If so, what?

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- Does your baby enjoy looking at books?

- Yes
- No

Play time

- What are your baby's favourite toys?

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Creative time

- Has your baby experienced any messy/ art-type activities?
 - Yes
 - No

- Does your baby enjoy nursery rhymes and music?
 - Yes
 - No

Toddlers (1- 2)

Meal times

- Does your child feed themselves?
 - Yes
 - No

- What consistency does your child have their meals
 - Puree
 - Lumpy
 - Chopped

- Does your child drink from a cup?
 - Yes
 - No, with a lid
 - No, no lid

- What are your child's favourite foods?

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Sleep times

- Does your child sleep:
 - In a cot
 - In a bed
- Does your child take a favourite toy to bed?
 - Yes
 - No
- Does your child sleep with a dummy?
 - Yes
 - No
- What naps does your child take each day?

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.....
.....

- What time does your child go to sleep at night?

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.....
.....

Toilet use

- Is your child potty trained?
 - Yes
 - No
- If so I do they use:
 - a potty
 - the toilet

Personal hygiene

- Can your child clean their own teeth?
 - Yes
 - No
- Do they enjoy bath times and water play?
 - Yes
 - No

Speech and language

- Does your child say any words yet?

- Yes
- No

- What words (or how many) words do they use?

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.....

- Does your child enjoy books?

- Yes
- No

- Do they have a favourite book?

- Yes
- No

What is the name of the book?

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.....
.....

Play time

- What are your child's favourite toys?

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.....
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Creative time

- Does your child enjoy nursery rhymes and music?

- Yes
- No

- What are their favourite songs?

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.....
.....

- Has your child experienced any messy/ art-type activities?

- Yes
- No

2-3's

Meal times

- Can your child feed themselves?

- Yes
- No

- Do they use a cup?

- Yes
- No, with a lid
- No, no lid

- Do they use a:

- spoon and fork
- knife and fork

- What are your child's favourite foods?

.....
.....
.....

Sleep times

- Does your child sleep:
 - In a cot
 - In a bed

- Does your child take a favourite toy to bed?
 - Yes
 - No

- Does your child sleep with a dummy?
 - Yes
 - No

- Does your child sleep with a nappy on?
 - Yes
 - No

- What nap times does your child take each day?
.....
.....
.....

- What time does your child go to sleep at night?
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Toilet use

- Is your child potty trained?
 - Yes
 - No

- If so I do they use:
 - a potty
 - the toilet

- Does your child wear:
 - trainer pants
 - ordinary pants

Personal hygiene

- Can your child clean their own teeth?
 Yes
 No

- Can your child use the bathroom taps?
 Yes
 No

- Can your child put their own shoes/slippers on?
 Yes
 No

- Does your child like to help with dressing?
 Yes
 No

Speech and language

- Does your child speak in:
 words
 sentences

- Does your child enjoy looking at books?
 Yes
 No

- Do they have a favourite book?
 Yes
 No

What is the name of the book?

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.....
.....

Play time

- What are your child's favourite toys?

.....
.....
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Creative time

- Does your child enjoy nursery rhymes and music?

Yes

No

- What are their favourite songs?

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- Has your child experienced any messy / art-type activities?

Yes

No

3-4's (Preschool)

Meal times

- Does your child feed themselves?
 - Yes
 - No

- Do they drink from:
 - A cup
 - A tumbler

- Do they use:
 - A spoon and fork
 - A knife and fork

- What are your child's favourite foods?

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Sleep times

- Does your child have a nap during the day?
 - Yes
 - No

- If so, for how long?

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- Does your child sleep with:
 - Nappy pants
 - Ordinary pants

- What time does your child go to sleep at night?
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.....

Toilet use

- Does your child use:
 - A potty
 - The toilet

- Does your child wear:
 - Trainer pants
 - Ordinary pants

Personal hygiene

- Can your child clean their own teeth?
 - Yes
 - No

- Can your child use the bathroom taps?
 - Yes
 - No

- Can your child put onl take off slippers and shoes?
 - Yes
 - No

- Can your child dressl undress themselves?
 - Yes
 - No

Speech. language and writing

- Does your child enjoy books?

- Yes
- No

What is the name of the book?

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.....
.....

- Can your child recite the alphabet?

- Yes
- No

- Does your child know any sounds (a for apple, c for cat)?

- Yes
- No

- Can your child write any letters?

- Yes
- No

- Can your child write their name?

- Yes
- No

- Can your child use scissors?

- Yes
- No

- Can your child use a glue stick?

- Yes
- No

Counting and numeracy

- Does your child recognise any numbers?

Yes

No

- What number can your child count to?

- Does your child recognise any shapes? (e.g. square, circle etc.)

Yes

No

- Can your child name any shapes?

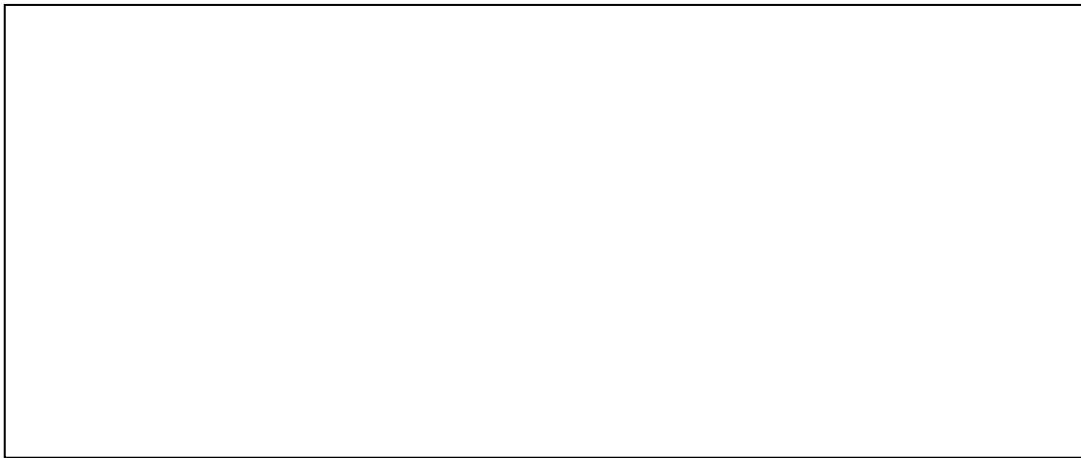
Yes

No

- What colours does your child know?

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.....

- Could you ask your child to draw a picture in the space below.



- **Could you ask your child to colour the picture below.....**



Play time

- What are your child's favourite toys?

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Creative time

- Does your child enjoy nursery rhymes and music?

- Yes
- No

- What are their favourite songs?

.....
.....

- Has your child experienced any messy play art-type activities?

- Yes
- No

- Does your child attend any other pre-school setting or playgroup?

- Yes
- No