



Name of child:

## Welcome to Ridgeway Early Years!

We would like to know as much as possible about your child and what they can and can't do, please be as honest as possible and give examples so we can best support your child.

Please return asap, or on the day your child starts.

Can your child wash their hands?

e.g. yes but they need help to turn on taps.

Is your child potty trained?

e.g. yes but they sometimes have wet accidents if they are pre-occupied.

Can your child wipe themselves independently?

e.g. no, needs help with both or yes, but needs support when they have done a poo!

Can your child drink from an open cup?

e.g. yes as long as cup isn't too full

Can your child climb stairs without support?

e.g. yes as long as they are holding on.

Can your child handle a book correctly?

e.g. yes they love to read, occasionally they hold it upside down.

Does your child like to get messy?

e.g. no they don't like paint or messy on their hands.

Can your child sing a simple nursery rhyme/song?

e.g. yes but they don't know all the words

Do they have any particular behaviours/ ways they like things done?

e.g. yes, they like routine or no, they are happy to go with the flow.

Do they have any special interests they love?

e.g. yes, they love to play outside

Do you have any concerns about speech/ development?

e.g. yes, they are seeing speech and language.

Do they go to child minder/ nursery at the moment?

e.g. yes, they attend a child minder/ day care nursery.

Who is in your family? Has regular contact with your child?

e.g. Mummy and daddy and new baby brother.

Can your child put their coat on? Zip it up?

e.g. yes, but they can't zip it up.

Is there anything else you would like to tell us about your child?

e.g. pregnancy, birth, premature baby, family history health (eyes/hearing), development, concerns.