



Hermitage Primary School
Focused on Excellence; Surrounded by Care

All About Me!

Please complete this booklet with your child.
We will collect it and discuss it with you at your home visit.
The information that you supply will help us to better
understand your child before they start Nursery.

Child's Name:.....

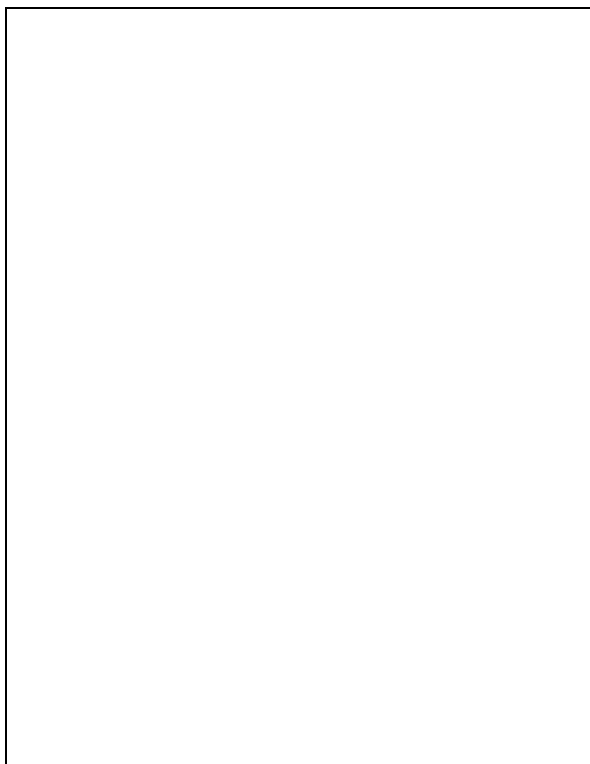


ABOUT ME

Child's Full Name:			
Date of Birth:		Age:	

THIS IS WHAT I LOOK LIKE

Please insert a photograph of your child here.



MY FAMILY

At home I live with:	
The language I speak at home is:	
The special days that we celebrate are:	
My pets are called:	

FACTS ABOUT ME

At home, the toys I like to play with the most are:	
The things I really don't like doing are:	
Things that make me upset or frightened are:	
To help me settle in, I need:	
My favourite music is:	
My favourite foods are:	
I don't like to eat:	
I like to drink:	
I don't like to drink:	
When I go outside I like to play:	

ACTIVITIES YOUR CHILD ENJOYS

We have lots of fun activities and games for your child to enjoy at Nursery.

Please tell us about the activities your child enjoys.

I like to play with...
<input type="checkbox"/> Construction Toys (Lego, K'nex etc.) <input type="checkbox"/> Dolls <input type="checkbox"/> Vehicles <input type="checkbox"/> Puzzles <input type="checkbox"/> Board Games <input type="checkbox"/> Sensory Toys <input type="checkbox"/> ICT / Computer Games / Tablets <input type="checkbox"/> Role play <input type="checkbox"/> Other – please specify
I like...
<input type="checkbox"/> Painting and Drawing <input type="checkbox"/> Dressing Up <input type="checkbox"/> Making Dens <input type="checkbox"/> Cooking <input type="checkbox"/> Playing Football <input type="checkbox"/> Reading <input type="checkbox"/> Crafts and Making Things <input type="checkbox"/> Music <input type="checkbox"/> Dancing and Drama <input type="checkbox"/> Science <input type="checkbox"/> Other – please specify
I prefer...
<input type="checkbox"/> Running around Outside <input type="checkbox"/> A nice bit of Quiet Time <input type="checkbox"/> Playing with lots of other Children <input type="checkbox"/> Playing by Myself <input type="checkbox"/> Playing with a Few Friends <input type="checkbox"/> Other – please specify

I CAN...

Please let us know what your child is able to do independently:

- Take myself to the toilet
- Wash and dry my hands
- Put on my coat
- Put on my shoes
- Hold a pencil
- Cut with child friendly scissors
- Write my name
- Sit still
- Take it in turns
- Share my toys
- Play in a group, initiate conversations and form relationships with peers and adults
- Show confidence and can select my own play
- Express my feelings and respond to the feelings of others and am aware some actions can hurt others
- Listen to other and stories with interest, attention, recall and I can follow directions
- Understand and respond to simple instructions
- Re-tell a simple past experience and can use talk to question why things happened and to give explanations
- Move with confidence in a range of ways (run, jump, hop, crawl, climb stairs, catch a ball)
- Say when I am hungry or tired and I know when I need the toilet
- Dress myself with some help

I KNOW...

Please let us know what your child knows already...

- What my name is
- How to write my name
- How to recognise my written name
- I know how to count to 10