

The Memorial Hall
Great Doddington
NN29 7TQ
07940 333784

info@greatdoddingtonpreschool.co.uk
www.greatdoddingtonpreschool.co.uk

GREAT DODDINGTON VILLAGE PRESCHOOL





“A bit about me...”


Child name:

Date of Birth:

Could you please spare a few moments to complete this form. This will give us the correct starting point in monitoring your child's developmental progress, and caring for your child in the best possible way whilst they are at preschool.

Eating & Drinking 	✓ or ✗	Talking & Listening 	✓ or ✗
I can hold my beaker and drink unaided		I can say “daddy” “mummy” “no” “yes” legibly	
I can hold an open cup and drink aided		I can string 2-3 words together	
I can hold an open cup and drink unaided		I can construct a sentence	
I can use a spoon unaided		I follow instructions given to me	
I can use a fork unaided		I prefer not to follow instructions given to me	
I have started to use a knife		I sit still when having a story or song time	
I can use a knife in a sawing motion			

Some of my favourite things...	
Special toy:	
Favourite food:	
My special adult person is:	
My favourite nursery rhyme:	
My favourite animal is:	
My favourite story is:	

Toileting Requirements 	✓ or ✗	Things I can do...	✓ or ✗
I am still in nappies		I can use scissors	
I can use a potty		I recognise my own name	
I am able to tell you when I need to go		I can climb up and down stairs	
I can use the toilet		I can tell you what the basic shapes are	
For boys: I am able to stand when I have a wee		Build a tower of 3 or more construction bricks	
I need help in wiping my private parts		I know my primary colours	
I can adequately wipe my own private parts		I can hold a pencil/crayon in the correct grip	
I need help in pulling my pants down and up		I recognise certain letters in my surroundings	
I can wash my hands afterwards all by myself			

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“A bit about me...”

Any other information you can share:

(information about family, siblings/place in family or special people in your child's life will help us engage & understand conversation when they talk about these people)

Parent/Guardian Name:	
Parent/ Guardian Signature:	
Key Worker Name:	
Key Worker Signature:	
Date of form completion:	