

Get to know your child

| What are your child's interests, like and dislikes? (Particular activities games they like) | |
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| What does your child find challenging or what would you like us to support your child with? (For example meal times, listening, sitting at activities) | |
| M/h at in abild assessed massives | |
| What is your child current routine? | |
| Are any outside agencies working with your child or family? | Please state <u>any/all outside agencies</u> involved with your child including social services: |
| Yes No | |
| Is your child potty trained/training? | Please provide more details: |
| Yes No | · |
| Does your child have any dietary requirements? | If yes, please provide details regarding dietary needs: |
| Yes No | |
| Has your child attended another nursery setting? | Please provide details: |
| Yes No | |
| Do you have any concerns regarding your child's development or how they would settle into a new nursery? | |
| Is there any other information you wish to add to help us get to know your child? | |
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