

Full name:

I like to be called:

Gender:

My birthday is:

Start date:

Parent/carer consent to share this document with other settings at transition times. Please be aware that guidance and advice for health and safety may change and you should always refer to the most current advice available at time of updating the all about me.

Yes No



Before I was born

My mum's pregnancy/delivery:

I was born at weeks



When I was a tiny baby

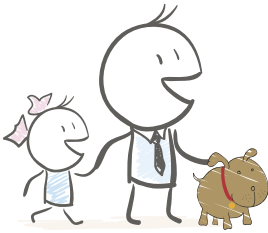
I was fed on:

I have had all my vaccinations: Yes No



My home life

This is who lives with me:



Other special people in my life:

My home language is:



My culture

My ethnicity is:

My culture and religion:

Special times for my family are:



Information I would like to share with you and my friends in the setting about my culture:



Food and drink

I am months old

The milk I drink now is: breast milk formula milk
 cow's milk other

I like my milk to be: cold warm

Amount and frequency I drink milk

I have milk via: nasogastric tube gastrostomy bottle
 cup breast

- I drink milk and I am beginning to eat some food
- I mostly eat puree or mashed food with milk
- I am eating finger foods and drinking some milk/water
- I eat the same food as the rest of my family and I drink milk

other

My favourite foods are:



- I do not take food orally
- Someone always feeds me as I need some help with my food because:

When I eat I usually use:

- I am an independent feeder

When I'm at home I sit and eat my meals with my family:

- in my therapy chair
- lying down for gravity feeds
- in a high chair
- sitting by myself, e.g. at my own table
- sitting at a dining room table

other

- I brush my teeth at home on my own with help
- I can brush my teeth in the setting

My favourite drinks are:

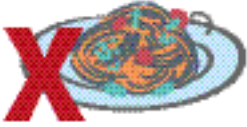
- I use a cup feeder open cup doidy cup
- tube feed sports style bottle



Special dietary needs

Foods I am not allowed to eat

Because



Sleeping

At the moment:

I like to sleep in the morning afternoon

or

I like to sleep for: (length of time)

I like to be comforted with:

Whilst going to sleep I like someone to:

When I wake up I like:

My parent/carer would like me to sleep:

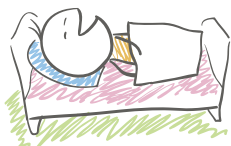
in a cot

on a sleep mattress

in a cosy basket

in my pushchair provided by wheelchair services

other



- I will have my own bedding for the week. Yes No
- I will use the nursery bedding. Yes No
- I may need to have SATs levels monitored. Yes No
- I may need oxygen when I sleep. Yes No
- I am observed and checked every ten minutes. Yes No
- This is recorded on the sleep chart.



Toileting

At the moment I am:

- in nappies
- able to have cream applied at every nappy change / as needed

any other details



- beginning to be toilet trained
- using a potty
- using a toilet
- toilet trained
- I need help to manage my clothes when going to the toilet
- I am able to manage my clothes when going to the toilet
- I need help to wash my hands
- I can wash my hands myself

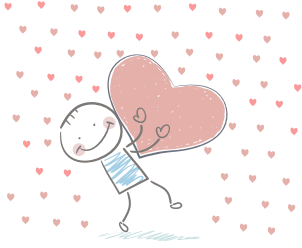
Unfortunately we are unable to sluice, rinse or wash any soiled clothing.

I would like the setting to:

- put soiled clothes in a nappy bag and I will take them home
- throw them away

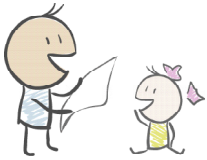
Parent's initials:

Date:



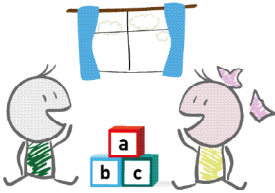
Things I like/dislike

My favourite rhymes/songs are:



My favourite book/story is:

My favourite things to play with are:



My favourite place to play inside is:



My favourite place to play outside is:



Things that make me happy are:



Things that make me feel sad are:

I have special names for things/people, they are:



I make myself understood by using:

- gesture crying simple words sentences
 signing PECS (picture exchange communication system)
 other

Give some examples

Languages I speak

Is English an additional language? Yes No

Languages spoke at home are:

Language spoken at home	By whom
<input type="text"/>	<input type="text"/>

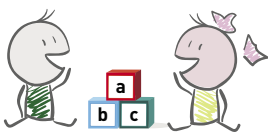
English isn't my first language. You can help me settle in by using some phrases I can understand like:



Mummy/ Daddy:



Coming soon:



Play:



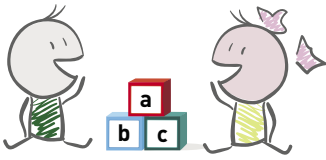
Toilet/nappy:



Eat/drink:



Sleep:



Learning and Development

I smiled when I was about

I rolled over independently/with support when I was about

I was sitting independently/with support when I was about



I started to point for things with my finger/eye when I was



I started to crawl when I was

I started cruising around furniture when I was

I started walking when I was

I said my first word when I was



Has your child had their two year old development check with the health visitor?

Yes No

Has your child had a WellComm Communication Assessment?

Yes No

What was the outcome?

We are aiming to improve the development and skills of all the children in our setting. I am happy for my child's development to be monitored in the setting and shared with the Starting Life Well Service. This will include monitoring using the EYFS and WellComm tool:

Yes No

I am happy for the staff including the Starting Life Well Service to liaise with other professionals my child may have been referred to.

Yes No

Discussion with parents/ carers to ascertain child's on entry developmental stage

Prime areas	Possible discussion areas to gauge starting points:	Discussion notes:
Communication and Language Development	Do I take turns in 'conversations' either using my voice, babbling or talking and / or using gestures such as looking, pointing, or smiling?	
	Do I use babble or my voice to communicate with others? If so, please give examples:	
	Do I show an interest in play with / or alongside others?	
	Am I able to make a choice between two toys? If so, please give examples:	
	Am I able to follow an instruction? Please give an example of the type:	
	Do I join in with familiar songs / rhymes? If yes, how do I do this	
	How many words do I know and how many words can I say? Please give examples:	



Personal, Social and Emotional Development	How do I act when I meet new adults or children?	
	Am I curious to explore new places and things, do I prefer to do this on my own or with a familiar adult?	
	Do I show that I am my own person for example choose what I want to play with, what I like to eat?	
	Am I able to express my emotions? Please give some examples e.g. I use my voice and words to label and / or sounds and nonverbal gestures:	
Physical Development	How do I move around my environment (gross motor skills)?	
	How do I use my fingers and hands (fine motor skills) to explore and support my play?	
	Do I show an interest in active play (move my body to music, crawl, run, jump, ball play, climb etc) and can you give me some examples?	
	Am I able to dress myself (coat / shoes)? Am I able to wash my own hands? Can I go to the toilet by myself?	
	How do you help your child to stay healthy (including oral health)?	

Things I like to do at home are:

Health needs and professionals who know me

Professionals	Names and contact details including telephone numbers
Health visitor	
GP	
Social worker	
Paediatrician	
Other specialist (please indicate) eg Physiotherapist	
Early support	
Portage	
Audiologist	
Psychologist	
Speech and language therapist	
Advisory team for sensory impairment	

(CDF) Discussed at Child Development Forum. My lead professional is:	
Does your child have a CAF? (Common Assessment Framework)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have an identified SEN (Special Educational Need)? If so what level of SEN support?	Yes <input type="checkbox"/> No <input type="checkbox"/> EYU (Early Years Universal) <input type="checkbox"/> EYE (Early Years Extra Support) <input type="checkbox"/> EYI (Early Years Individualised Support) <input type="checkbox"/>
Does your child have a Medical Care Plan or need one to be developed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do we need to put a Personal Evacuation Plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have or use any specialist equipment or resources? eg. glasses, hearing aids etc	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other relevant information Diagnosis? <ul style="list-style-type: none"> • time in hospital • medication • allergies 	
Things we would like you to know about our child so we don't have to repeat it every time we meet someone new	

