

All About Me

Name:

Age:

Date:

Position in Family of
Names and ages of siblings.

My special friends

My special animal friends

Who lives in my house?

Fears and anxieties...

Pre-school Experiences

Food I like:

Food that makes me ill:

I drink from:

Things I like to do...

Physical/Medical considerations
e.g. hearing, sight, speech.

My favourite toys:

I am allergic to:

I can put on my-

Coat?

Shoes and socks?

I can use the toilet independent-ly.

I can use a knife and fork and can cut up my own food.

Who will pick me up from Portwrinkle Class?

Name:

Relationship:

Contact phone number:

Name:

Relationship:

Contact phone number:

Remember to tell them your agreed password

Parental Comment:

Parents signature:

Date: