**All About Me**



**Starting School Together**

**Name:**

**DOB:**

Say Hello to me…

*Insert picture*

|  |
| --- |
| An introduction to me and what is important to me… |
| *My first language, my personality, my favourite things, likes and dislikes, current interests, hobbies/outside the setting activities, allergies/medical information* |
| Who is important to me and my home life… |
| *Parents, carers, siblings, grandparents, aunts and uncles and family friends that are regularly involved in the day to day care. If the child attends another setting or a childminder include the details. Where I live and information about my family including any support they are receiving.* |
| What you need to know to support me to learn and develop… |
| *How I like to learn (refer to the characteristic of effective learning from development matters), types of reactions to certain situations (e.g. shy, excited, confident, confused, angry, happy)* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of nursery setting** | |  | | | | |
| **Name of Key Person** | |  | | | | |
| **Date started at setting** | |  | **Number of weekly hours attended** | | |  |
| **Eligible for EYPP** | | Yes/No | **Is the child looked after** | | | Yes/No |
| **Does the child have a support plan?** | | Yes/No *(if answering yes, ensure plan is sent with this document for further details)* | | | | |
| **Is the child in receipt of SENIF?** | | Yes/No *(if answering yes, ensure plan is sent with this document for further details)* | | | | |
| **Does the child have an EHCP?** | | Yes/No *(if answering yes, ensure plan is sent with this document for further details)* | | | | |
| **Please sign below to indicate this information can be shared with your child’s allocated school** | | | | | | |
| **Parent/Carer Signature** |  | | | **Date** |  | |
| **Parent/Carer Name** |  | | |