



Roundwood Primary - Parent Information Transition Questionnaire

Childs Name:

Date of Birth:

Siblings and Ages:

Name of previous setting:

Address:

Phone number:

Contact name:

To help us ensure that the experiences we offer to your child are developmentally appropriate, it is helpful if you can tell us about your child's development so far.

Communication and Language Development.

Listening

Tell us about your child's listening skills.

Understanding

Tell us about your child's understanding of language.

Communication and Language Development.

Speaking

Tell us how your child communicates.

Any other languages spoken at home?

Physical Development

Gross Motor skills

Tell us how your child negotiates space and demonstrates co-ordination when playing.

Fine Motor skills

Tell us how your child is able to use a range of tools including scissors and pencils.

Personal, Emotional and Social Development

Managing Self

Tell us how your child shows independence and perseveres in the face of challenge.

How does your child manage their own self-care (dressing, washing, toileting)?

Building Relationships

Tell us how your child forms friendships and takes turns with others.

Self-Regulation

Tell us how your child is confident to try new activities and demonstrates independence.

Are there any particular areas you would like us to support your child with developmentally?

Any other concern?

Things I like to do: (Please complete this section with your child)

Toys and games I like to play with:

Friends I like to play with:

Stories and Rhymes I like to hear:

Clubs and activities I go to:

Things I like to do: (Please complete this section with your child)

What I like doing best:

I am happy when:

I am sad when:

Parent/ Carer Signature:.....