

Name:

Early Years in Stockton-on-Tees



This is me….

Moving Forward

**Please circle the statement that fits your child best. You can make a comment in the box below if needed.**

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| --- | --- | --- | --- |
| Friendships | I enjoy the company of others and can share. | I am happy on my own and can seek out others to play with when I want to. | I prefer to be on my own. |
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| People who are important to me | I am shy around other people. | I just like to be with my mum/dad/ familiar adult. | I am happy to meet and be with a large group. |
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| Play at home | I like it when my parent/carer/ familiar adult plays with me. | I would like to spend more time with my adult/carer/familiar adult. | I have a favourite toy/comforter. |
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| Understanding | I respond appropriately to my familiar adult. | I don’t always show that I have understood my familiar adult. | I can follow simple instructions. |
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| --- | --- | --- | --- |
| Feelings | I get upset easily. | I’m quickly comforted with a familiar adult/toy/ dummy. | I’m usually happy. |
|  | | | |
| Me without my carer | I don’t like it when my familiar adult leaves me at my setting/school. | I am happy to be left at  my setting/school. | I need support to separate from my familiar adult. |
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| --- | --- | --- | --- |
| Healthy Eating | I am encouraged to eat a balanced diet, but don’t always. | I always eat  a balanced diet. | I don’t eat  a balanced diet. |
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| Getting dressed. | I can dress myself. | I get dressed with help. | My adult dresses me. |
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| Toileting | I’m clean and dry during the day. | I wear nappies. | I can usually manage my toileting needs by myself, including hand washing hands. |
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| Looking after my teeth | I try to clean my teeth on my own and go to the dentist. | My adult supports me to clean my teeth effectively. | I don’t like having my teeth cleaned or going to the dentist |
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| --- | --- | --- | --- |
| Sight | I can see clearly. | My familiar adult has some concerns about my sight. | I wear glasses. |
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| Hearing | I can hear clearly when an adult speaks to me. | I can tune into adults when they use my name to attract my attention. | I need support to hear when I’m spoken to. |
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| --- | --- | --- | --- |
| Sleep Pattern | I usually settle with a familiar adult. / My behaviour sometimes changes when I’m tired. | I need a day time nap. | I can settle myself to sleep during the night. |
|  | | | |
| Feeding | I can use cutlery to feed myself. | My adult feeds me. | I usually manage to feed myself, with some help from an adult. |
| **Please tell us about any allergies your child has** | | | |

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| --- | --- | --- | --- |
| Talking and Communicating  See the source image | New people sometimes cannot understand what I am saying. | New people can usually understand what I am saying. | I don’t talk/babble. I use gestures to communicate. |
|  | | | |
| Behaviour  C:\Users\Andrew\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\NRAVMFSH\girl-563719_640[1].png | I will do things when my adults ask  me to. | Most of the time I will do things that I should be doing. I can stop myself from doing something that I shouldn’t do. | Sometimes I do things that I shouldn’t do. |
|  | | | |

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| --- | --- | --- | --- |
| Health | I have other health needs. | I have no  health needs. | I have Special Educational Needs or Disabilities |
| **Please tell us about any health needs your child has and any medication they may need, e.g. asthma inhaler, epi pen etc.**  **Does your child have any special educational needs that we need to know about?**  **Have they been seen by any of the following agencies (please tick as appropriate):**   * **Speech and Language Therapy** * **Occupational Therapy** * **Physiotherapy** * **CAMHS** * **Other (please specify)** | | | |



Other Celebrations!

Anything else you’d like to tell us