

Help us to get to know your child. Please fill this form in with your child, asking him/her the questions and writing his or her response in the relevant box. Please bring it with you when you meet the class teacher.

Name	
Age	
Date	
	ure (after your child has drawn a picture, please write a sentence ath in the box below to explain what the picture is about).

**My Family** (please indicate if brothers and sisters are older or younger than your child).



## I am interested in:





## I am good at:



I need support with:	
My favourite activity is:	
THESE ARE A FEW OF MY FAVORITE THINGS	
I like it when:	
I get upset when:	

Family events or festivals (please give information how you celebrate them). Has you child had any problems with any of the following: speech, hearing, sight or behaviour. If yes please give some details. Support Any other significant information: e.g. moving home, a new baby or any other changes that might affect your child.