

**Entry profile of the child - Nursery**

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| To be completed by Parents/Legal representatives | | |
| Pupil’s Full Name: | | Pupil’s date of birth: |
| Class: | Date of Entry: | |
| Mother’s Name: | Father’s Name: | |
| Siblings (Names and dates of birth): | | |
| Languages spoken at home by pupil: | | |
| Languages spoken by mother to pupil: | | |
| Languages spoken by father to pupil: | | |
| Languages spoken by carers/grandparents to pupil: | | |
| Dominant language of pupil: | | |

**Previous Educational Experience (please indicate lengths of time attended)**

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| Playgroup: |
| Nursery: |
| Other: |
| Comments: |
| Current out of school activities: |

**Me and Others (Play)**

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| Which toys/games/activities does the pupil like to play with most: |
| With his/her family: |
| With friends: |
| Alone: |
| Comments: |

**Me and the World (Language)**

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| When did your child begin to speak? |
| Is his/her speech clear to you? |
| Is his/her speech clear to others? |
| Comments: |

**Me and My Body**

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| Hearing | | | | | | |
| Has your child’s hearing ever been tested? | | NO | YES | If Yes, when and by whom: | | |
| Outcome + Comments: | | | | | | |
| Does your child suffer from frequent colds/blocked nose etc? | | | | | | |
| Sight | | | | | | |
| Has your child’s sight ever been tested? | | NO | YES | If Yes, when and by whom: | | |
| Outcome + Comments: | | | | | | |
| Physical Development | | | | | | |
| Did your child crawl? | | | | | | |
| When did you child start to walk? | | | | | | |
| Is he/she independent when dressing/undressing? | | | | | | |
| Is he/she independent when using a toilet during the day/night? | | | | | | |
| Is he/she able to eat independently? | | | | | | |
| Comments: | | | | | | |
| Experience with using the following (YES/NO) | | | | | | |
| Pencils/Crayons: | Glue/pasting: | | | | Paintbrushes: | Threading Beads: |
| Comments: | | | | | | |
| Is there any medical or other information that your child’s teacher needs to know about? | | | | | | |

**Me as a Person (This section is to be completed together with the pupil):**

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| What are the things I like and what interest me? |
| What are the things that I do not like and what scares me? |
| What are the things that I am good at? |
| What do I want to learn at school? |
| Who are my friends? |
| Anything else you would like to share with your new teacher? |

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| **Parent’s signature:** | **Date:** |