**Early Years - All About Me**

**Child’s Name**: **Age**: **Today’s Date**:

**This information was completed by:**

(name and relationship to child)

**Level of support needed to record the child’s voice:**

(NB. direct quotes from the child should be underlined and with speech marks)

|  |  |  |
| --- | --- | --- |
| Things …………. likes (e.g. activities to do/favourite toys or food) that make him/her feel happy/excited: |  | Things ………. doesn’t like that make him/her feel cross/upset: |
|  |  |  |
| Things ………….. is good at (strengths): |  | How ……………… likes to play: |
|  |  |  |
| Things ………………. can do for himself/herself and/or How ………….. helps others (when eating, toileting, washing, dressing or through the day): |  | Things ……………. finds tricky and needs help with: |

|  |  |  |
| --- | --- | --- |
| How ……………. communicates:  |  | How ………………… likes others to communicate with him/her: |
|  |  |  |
| How …………… shows he/she is upset/cross/frustrated/tired/hungry or sad: |  | Things that help ……………. when he/she is upset or finding things tricky: |
|  |  |  |
| These people, places, routines and things in …………….. life are important/special to him/her: |  | Things others admire/like in …………….. Other people say ……………. is: |

**All About me**

**Parent/Carer views and aspirations**

|  |  |  |
| --- | --- | --- |
| We see ………… as a/an: |  | A perfect day/week for …… would include: |

|  |  |  |
| --- | --- | --- |
| We have the following concerns about ……’s development: |  | These are the opportunities and support we as a family need and how we would like others to support us and our child: |

|  |  |  |
| --- | --- | --- |
| In the next year we would like ………… to be able to: |  | In the future we hope…….…will: |

|  |
| --- |
| Other things we want you to know: |