

# ALL ABOUT ME

TO BE FILED IN THE CHILD'S LEARNING JOURNEY



<b>Child's name:</b>		<b>D.O.B:</b>			
<b>Please complete the following information in as much detail as possible to help us get to know your child. Please include any notes you think may be useful to us.</b>					
My favourite stories, songs and rhymes:					
My favourite toys and games:					
My favourite foods are:					
My favourite television programs:					
When I'm at home I like to:					
My pets are:					
Things I can do:	I can wash myself <input type="checkbox"/>	I can put my coat on <input type="checkbox"/>	I can dress myself <input type="checkbox"/>	I can go to the toilet by myself <input type="checkbox"/>	I can eat with a knife and fork <input type="checkbox"/>
I need help with:					

## What I am like....

I am happy when:	
I am sad when:	
I get cross when:	
I feel worried when:	
I don't like:	
Best of all I like:	