**Profile**

**Child's name: . . . . . . . . . . . . . . . . . . . Childs date of birth: . . . . . . . . . .**

**Family e.g. brothers/sisters:**

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**Likes/Dislikes - to include, food, favourite toys etc:**

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**Does your child have any distinctive habits?**

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**How would you describe their character?**

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**What can they do now that they could not do 6 months ago?**

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**Addition information that can really help us get a better picture of your child, allowing us to support their wellbeing and behaviour.**

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| Has your child had their 2 year check with the Health Visitor? Are there any areas of concern?  At what age did your child start to speak?  Your child’s sleep pattern eg; an early riser or frequently up in the night?  Toileting issues?  Digestive problems?  Food intolerance or fussy eater?  Any health problems eg; glue ear, eye sight, physical challenges? |

**Does your child attend another setting/nursey or childminder? If yes please provide details below**

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