**All About Me-Moving On**

**My name: Preferred name: Date of birth: Setting:**

**Things I can do:**

**Gender:**

**SEND:** Yes / No

**EYPP:** Yes / No

**Date started at setting:**

**How many hours I attend:**

**Attendance (%):**

**Any other settings attended:**

**My health:** *(any allergies or medical info)*

**Other important information:** *(e.g. dietary requirements, EHC, etc.)*

**Any professionals or agencies supporting me:** (E.g. SALT/Social Worker/Physio, etc)

**What I find difficult and how to support me:** *(visuals, short simple instructions, now and next board, etc.)*

**My family and people who are important to me:**

**What my family and I celebrate:**

**My home language:**

**Things I am working on:**

Photo of me

**What I dislike:**

**What I like and enjoy:** *(e.g. toys, interests, rhymes, stories, activities)*

**A drawing of me:**

**Characteristics of Effective Learning:** *(Please comment on Playing and Exploring/Active Learning/Creating and Thinking Critically)*

**My development:** *(tick which applies)*

|  |  |  |
| --- | --- | --- |
| **Area of Learning:** | **Working Towards** | **Expected** |
| Communication and Language |  |  |
| Personal, Social and Emotional Development |  |  |
| Physical Development |  |  |
| Literacy |  |  |
| Mathematics |  |  |
| Understanding the World |  |  |
| Expressive Arts and Design |  |  |

**My independence:**

I can independently use the toilet Yes / No

I can put on my own shoes/socks Yes / No

I can put on my own coat Yes / No

I can feed myself Yes / No

**Any additional information:** *(i.e. SEND info/behaviour/things that upset me/things that frustrate me/things I am scared of, i.e. loud noises)*

**Any additional confidential information that needs to be shared** *(Tick if applies)*