Pre-School Care Plan

Childs Name :

Date of Birth:

Start Date/ Contracted Days:

Routine ; Summarise your child's daily routine

Meals times- Do they feed themselves/cutlery/finger foods:

Food they like:

Foods they don't like:

Do they drink from an open Cup:

Comforter:

Nappy changing Information:

Potty/Toilet Training ☐ Toilet Trained ☐

Is there a particular brand wipes/cream you prefer to use?

If so why?

Medicine

Calpol ☐ Nurofen ☐

Do they take any regular medication/ What medication?

Reasons for / When is it needed?

Baseline Assessment:

Personal, Social and Emotional Development:

Have special relationships with any other children ☐

Show concern and affection towards others ☐

Will initiate play with others ☐

Demonstrates friendly behaviour ☐

Expresses preference and interests ☐

Confident with asking for help when they need it? ☐

Aware of boundaries and behaviour expectations? ☐

Distract themselves when they are upset? ☐

Communication and Language:

Listen to stories with increasing attention ☐ Able to follow directions ☐

Show an understanding of concepts ☐ Begin to understand how and why ☐

Uses simple sentences ☐ Uses talk to pretend ☐

Physical Development:

Run safely on whole foot ☐ Dominant Hand Left ☐ Right ☐

Can catch a large ball ☐ Uses one handed tools e.g. Scissors ☐

Feeds self with cutlery ☐ Drinks without spilling ☐

Has bladder and bowel control ☐ Dresses with help ☐

Literacy Development:

Has some favourite stories ☐ Repeat words or phrases from familiar stories ☐

Recognise familiar words ☐ Looks at books independently ☐

Gives meaning to marks they make ☐

Maths Development:

Use some language of quantities ☐ Select a small number of objects when asked ☐

Recite numbers to 10 ☐ Sometimes matches numeral and quantity ☐

Notices simple shapes ☐ Speak of past and future e.g. soon or later ☐

Uses positional language ☐ Uses shapes appropriately for task ☐

Understanding of the World:

Imitates everyday actions ☐ Has a sense of immediate family ☐

Shows an interest in occupations ☐ Recognises and describes special times ☐

Plays with small world toys ☐ Asks questions about their familiar world ☐

Operates mechanical toys ☐ Knows how to operate simple Equipment ☐

Expressive Arts and Design -

Creates sound by banging and shaking ☐ Interested in musical instruments ☐

Explores how colours change ☐ Uses construction materials ☐

Creates movement to music ☐ Builds a story around toys ☐

Do you have any concerns about your child's development?

About your child;

My name is, What I liked to be called :

Who lives in my house:

What I call Mummy and Daddy:

My brothers and sisters are called:

My pets:

Have they ever attended a nursery/playgroup/childminder ?

Please provide contact details:

My favourite things/toys/places :

What upsets me:

General Comments:

Next Steps:

Parents Signature _____ Key Person _____