



Lockington CE VC Primary School HOME VISIT



Name of child: _____

DOB: _____ FS2

With whom does your child live? (brothers, sisters etc):

PREVIOUS SETTINGS:

Which pre-school setting has your child attended?

When did they start attending?

How often did your child attend?

PERSONAL, SOCIAL & EMOTIONAL DEVELOPMENT:

Does your child know any other children starting at our school or any children here already?

How does your child cope with new situations such as new places and new experiences?

Can your child get dressed/undressed by themselves?

Can they manage shoes and buttons?

Can they manage the toilet by themselves?

Can your child wash their hands independently?

What makes your child happy?



What makes your child sad?



Does your child talk about their feelings or show them?

COMMUNICATION & LANGUAGE:



Does your child enjoy rhymes and stories?

Do you have concerns about their speech?

Do you have any concerns about their hearing?

PHYSICAL DEVELOPMENT:



Does your child like exercise?

Which hand does your child prefer to use (when holding a crayon for example)?

Can your child use a knife and fork?

Do you think your child is aware of keeping safe when they are playing and using equipment?



LITERACY:

Does your child enjoy handling books and turning the pages?

Does your child listen to and recognise different sounds in their environment?

Does your child enjoy making marks on paper?



MATHEMATICS:

Does your child know anything about numbers and counting such as number rhymes?

Does your child notice differences between things such as more, less, bigger or smaller?

Does your child know about shapes?

UNDERSTANDING THE WORLD:



Does your child ask questions such as how things work?

Can your child use a computer and/or remote control toys?

Does your child enjoy joining in special occasions such as birthdays?

EXPRESSIVE ARTS:



Does your child enjoy building and constructing?

Does your child enjoy singing, dance and music?

Does your child like dressing up and make believe play?

ADDITIONAL INFORMATION:

Please let us know anything you would like to add in the space below

Practitioner: _____ **Date:** _____

Parent/Carer: _____ **Date:** _____