CARE AND LEARNING PLAN

Dear parent / carer

Thank you for taking the time to complete the Care and Learning Plan, we hope that with the information you provide we can get to know your child as well as possible.

Child's name			
Known as			
Date of birth			
Dietary Requiremen	ts/Allergies		
Particular likes/dislik	es		
Feeding/drinking ski	lls		
Does your child use	a spoon/fork/knife?		
Does your child use	a beaker/open cup?		
Does your child nee	d a daytime sleep?		
Does your child use the toilet?			
Does your child nee	d help to use a potty/toi	ilet?	
My child's favourite	thing to do is		

My child's favourite book is			
My child's favourite song is			
The people and things most important to my child are			
Familiar names of my child's friends/family/pets are			
Activities my child does outside the nursery are			
When my child is feeling sad he/she likes to			
Practical skills (getting dressed/putting coat/shoes on)			
My child is not comfortable with			
My child is/isn't confident when meeting new people or taking part in new experiences (please elaborate if necessary)			
Other people who care for my child are (please include any other childcare providers)			
Special Festivals/Celebrations our family take part in			

What languages are predominately spoken at home?
What is your child's first language?
Do you speak English to your child at home?
How many languages does your child speak?
Please list key words that your child uses/understands that would be helpful for practitioners to use
Do you have any concerns regarding your child's speech?
I do / do not give permission for Tiny Acorn Pre-School to contact other childcare providers to share information and to ensure continuity of care.
PARENT/CARERS SIGNATURE
DATE

Please feel free to write any further information that you feel will help us to meet your child's needs whilst at the nursery.