



Assessment Sheet

Child's name: _____ First language: _____

Date of birth: _____ Ethnicity: _____

Religion (if any): _____

Dietary requirements including any allergies:

Sleep requirements/routine (if any):

Normal routine:

Likes:

Dislikes:

Bottle requirements (if any):

Any additional information that may help us offer your child a good level of care:

A review of your child's progress will be carried out throughout the term along with regular observations and assessments, if you have any information on your child's progress could you inform their key worker. If you have any questions regarding your child's progress please speak to or make an appointment to speak to the nursery manager, deputy manager, supervisor or key worker.

Parent/guardian signature: _____

Date: _____

