



Name of Child:

Date of Assessment:

Age:

Date of Birth (M/D/Y):

Parent's Names:

Child's First Language & Nationality:

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Child's Home Life (who they live with):

Toileting – can go independently? No nappy policy

Previous schooling/ education (if any):

Where?

Duration?

Language?

Observations & Comments (to be filled in by Early Years teacher):

Separation from parent's

Settles quickly; explores classroom



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- CHILD INTAKE ASSESSMENT -

Interaction with adults?

Interaction with peers?

Physical? E.g. fine motor skills

Speaking? In English or other – specify



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