

HOME ASSESSMENT FORM RECEPTION

Section 1 to be completed by parents Section 2 for school internal use only

Child's name Date of birth DD / MM / YYYY	Section 1 (to be co	mpleted by	parents)						
Personal, Social and Emotional Development Please mark ✓ in each of the four scales below to Indicate how your child mostly interacts: Enjoys playing the property playing on their own main interest varied interests Enjoys change and variation and variations and words can hurt other people with a case of their own feelings, and knows that actions and words can hurt other people with a case of their own feelings, and knows that actions and words can hurt other people with a case of their own feelings, and knows that actions and words can hurt other people with a case of their own feelings, and knows that actions and words can hurt other people with a case of their own feelings, and knows that actions and words can hurt other people with case of their own feelings, and knows that actions and words can hurt other people with a case of their own feelings, and knows that actions and words can hurt other people with confidence in a range of tense and knows that actions and words can hurt other people with confidence in a range of ways Proposition of their own feelings, and knows that actions and words can hurt other people with confidence in a range of ways Proposition of their own feelings, and words can hurt other people was a can hurt other people with confidence in a range of ways Proposition of the case of the same in the case of the c	Child's name				Date	of birth	DD / MM	/ YYYY	
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Physical Development Yes Almost No i) Moves freely with confidence in a range of ways									
i) Moves freely with confidence in a range of ways	Listening								
i) Moves freely with confidence in a range of ways	Physical Development					Voc	Almast	N.I.	
ii) Holds a pencil between thumb and two fingers, no longer using whole-hand grasp	i) Moves freely with confide	ence in a range of	ways			res	Aimost	IN	
	ii) Holds a pencil between the	humb and two fing	gers, no longer using	whole-hand	grasp				

Physical Development		Yes	Almost	No
iii) Draws lines and circles using gross motor movements and can copy some letters			71111030	110
iv) Can tell adults when hungry or tired or when they war	nt to rest or play	-		
v) Can manage washing and drying hands				
vi) Understands that equipment and tools must be used s	safely			
vii) Can attend to toileting needs most of the time themse	alves			
The carried to tolleaning needs most of the time themse		100		
Please comment here if you have marked "No" or "A	Almost" for any of the stateme	ents above.		
General information				
Please feel free to provide any additional comments	(for example special skills or	interests).		
Your name	Contact email			
Relationship with	Phone number			
the child	Date			
Continuo (Formarko al intermal mana)				
Section 2 (For school internal use)			
Comments - A				
Assessor				
Printed name				
Title				
Title Signature				
Date (dd/mm/yyyy)				
Comments - PR				
Comments - PK				
Printed name				
Title Signature				
Data (dd/mm//nnn)				
Date (dd/mm/yyyy)				