

Warmington Primary School

Home Visit Booklet

Working in Partnership with Parents

Name:

Date of Birth:

ALL ABOUT ME				
Things that I like:				
Things that I do not like:				
What activities do I like doing?				
(toys, games, books, outdoors)				

Things That I fear:				
If I am upset or angry what can help calm/comfort me?				
What is my favorite toy / comforter?				

l can:					
	YES	NO	Comments		
Dress					
Myself					
Feed					
Myself					
Go to the					
toilet					
myself					
MY FAMILY					
Who will collect me from school?					
Password:					
Names of special people in my family (grandparents, aunties etc)					

Are there any key words that would help us to support you? (water, tired, toilet)						
Anything else you would like us to know?						
Do you have:	Yes	No	Comments			
Any dietary						
requirements						
Religious needs Medical needs						
Allergies						
VIIGIAIGS						
Do you have any						
concerns?						
Sight						
Hearing Speech						
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