



Self



Care



Family



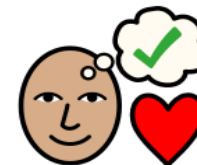
Hobbies



Dislikes



Name.....



Interests



Significant

Life



Experiences



Friendships



Celebrations



Religious



Festivals

Self-Care

- Can your child manage their own personal hygiene?
(toileting/ dressing/ feeding themselves)

Family

- Who lives in the family home?
- What other family/ friends are involved in your child's care?

Hobbies

- What does your child like to do in their free time?
- Does your child attend any clubs?

Dislikes

- Does your child have any particular fears or worries?
- Does your child have any sensory needs? (loud noises/ food textures)



Guidance Questions

Interests

- What does your child like to play with?
- What activities makes your child happy?
- What does your child like learning about?
- Are they an expert in anything?

Significant Life Experiences

- Has your child had any adverse experiences that the school should be aware of?
(E.g. family bereavement or breakdown, medical emergency)

Friendships

- Who are your child's close friends?
- Do they like to play in small/ large groups or on their own?
- Do they enjoy some social settings more than others?
E.g quiet/ loud

Celebrations

- What cultural or religious celebrations do you take part in? E.g. Eid