All about me form

Name:

I like to be called:

Date of birth:

|  |  |
| --- | --- |
| Special people in my life: | Date:Key person: |
| My current interests are: | Nappy changing and toilet routine: |
| My likes: | My favourite objects: |
| My dislikes: | My favourite food: |
| Things I need support with: | Things I can do: |
| When I am happy I like to: | When I am sad I like to: |
| Feeding/mealtimes | Sleep/rest times: |

**Learning Journey Monitoring Sheet**

Child’s name:………………………………………………..

Key worker’s name:………………………………………..

Journey started:………………………………………………..

Initial meeting with parent/guardians:…………………………………………………………..

Agreed attendance is:

Monday Tuesday Wednesday Thursday Friday

…………… …………… ………………… ……………… …………

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| Please make a note of any long periods of days off, e.g. for illness or holidays. |
| My Photo: |

Learning Journal ended: