

Entry Profile P1

European school - EEB1

School year 20__ - 20__

Entry profile of the child – P1

This part is to be completed by Parents/Legal representatives

Child's name and surname: _____

Date of birth: _____ Class: _____ Date of entry: _____

Brothers/sisters (names & dates of birth): _____

Mother's name and surname: _____

Father's name and surname: _____

Other carers' names and surnames: _____

Languages spoken at home - mother: _____ father: _____

Language of other carers, e.g. childminder/grandparents: _____

Dominant language of the child: _____

Previous educational experience *Please note the lengths of time attended:*

Playgroup: _____ Nursery: _____ Other: _____

Comments: _____

Current out of school activities: _____

Please comment on games/activities that your child particularly enjoys

When did your child begin to speak? _____

Is his/her speech clear to you? Yes No

To others? Yes No

Comments: _____

Has your child's hearing ever been tested? Yes No

If yes, comment please: _____

Does your child suffer from frequent colds/blocked nose, etc.? Yes No

If yes, comment please: _____

Has your child's sight ever been tested? Yes No

Does he/she recognize colours? Yes No

If yes, comment please: _____

Does your child suffer from any allergy? Yes No

If yes, comment please: _____

Please, mention any medical or other information which your child's teacher should know: _____

Does he/she independently dress/undress? Yes No

Does he/she independently tie his/her shoelaces? Yes No

Does he/she independently eat? Yes No

Does he/she independently toilet by day/night? Yes No

Your comments: _____

Please tick if your child has experience using:

Pencils/Crayons

Paintbrushes

Threading beads

Glue/paste

Scissors

Computers Tricycles

Bicycles

Balls

Skipping ropes

Musical instrument(s)

Your comments: _____

Is there any other pertinent information that you would like to provide (e.g. report from previous education)? Yes No

To be completed by the parents and the child together:

What are the things I like and what interests me? _____

Which are the things I do not like and what scares me? _____

Things I am good at: _____

What do I want to learn in school? _____

Who are my friends: _____

Any other comments: _____

Date: _____

THANK YOU!