

Mulbarton Children's Centre
Target Child Information Sheet1

Child's Name:

Keyperson:

Date issued:

Please fill in this questionnaire, it will help us to plan for your child's special week.

Please return this form by (date)
Your child's planned activities will take place wk commencing (date)
1. When your child plays at home, what are his/her main interests?
2. What does your child like to talk about?
3. What is your child's favourite:- <ul style="list-style-type: none">• Book?• Song/rhyme?
4. Are there any areas of your child's development which you feel they may need extra help with? <p style="text-align: center;">Please tell us about anything your child has recently learnt to do or been proud of :</p>
5. Are there any special circumstances that your child's keyperson should be aware of?
6. This area is for the Child's thoughts on what they would like to do on their special week!