

SETTLING IN FORM

Child's name.....

DAILY ROUTINE:

.....
.....
.....
.....
.....

SLEEP:

Light room

Dark room.....

Does _____ like to have a cuddly toy, dummy or cuddle blanket to rest / sleep with?.....
.....

FOOD:

Likes.....
.....

Dislikes.....
.....

INTERESTS:

What are _____ favourite activities, interests and toys?
.....
.....

GENERAL:

.....
.....

