

Name of Child:

Date of Birth:

MUSIC

My Favourite music is:

The Musical instruments I like to explore are:

Music that I really do not like is:

My Favourite play things are:

I like: Group play Individual Play

My favourite computer/console games are:

Computer/console aids I use are:

Places I like to visit:

Favourite TV programmes/DVD's:

Favourite books and stories:

Favourite Board games/group games:



Play Assessment

Name of Child:

Date of Birth:

What you should know about my communication and care:

My Communication-How do I want people to communicate with me, What communication aids do I use.

My Environment- My best time of day is, rooms I enjoy spending time in, The lighting environment should be, the noise levels should be, things that startle me are:

My Care: My best position to play in is, The equipment I need with me are?

I am allergic to?

Can I play under the ultra violet light:

yes no

Signed _____

1e Date _____

Signed(parent/Guardian):_____