Your Child’s Interest Sheet

Child’s Name:

Date:

|  |  |
| --- | --- |
| What is your child currently interested in at home |  |
| Have they learnt any new skills over the last few weeks |  |
| Are they using any new words or counting to a higher number |  |
| Suggestions for activities that you would like us to do with the children |  |
| Practitioners  comments |  |