|  |
| --- |
| **Views of parents and carers** |

|  |  |
| --- | --- |
| **Name of setting** |  |
| **Name of child** |  |
| **Date of Birth** |  |

|  |
| --- |
| **How do you feel that your child is progressing in our setting?** |
|  |
| **What does your child enjoy doing here?** |
|  |
| **Are there any particular areas of development that you would like us to support your child with?** |
|  |
| **If you have concerns about your child’s development have you discussed these with anyone else? If yes please list the people you have spoken to e.g. GP, Health Visitor, Speech and language therapist.** |
|  |
| **Do you give permission for the setting to contact them?** | **Yes** | **No** |
| **Are there any things that work well at home which you would like to share with us?** |
|  |
| **Any other comments?** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of parent/carer** |  | **Date** |  |