Parent/Carer Contribution to Early Years Review Meeting

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| Child’s Name: |
| At Home:  When does your child need most help at home? |
| What does your child enjoy most at home? |
| About the group:  Is your child happy to come into the pre-school/nursery? |
| Are you worried about anything to do with the pre-school/nursery? |
| How do you feel about your child’s progress? |
| Do you feel that your child’s needs are being met? |
| Health:  How has your child’s health been lately? |
| Are there any changes in medication or treatment? |
| The future:  What progress would you like to see your child make next? |
| Are you worried about anything in the future? |
| What questions would you like to ask in the review? |
| What changes would you like to see following the review? |