



Northern Territory  
Early Childhood Transitioning

# Sharing About My Child

Child's Name: ..... Date of Birth: .....

1. Name you would like your child to be called:

*(What name/spelling would you like them to learn to recognise and write?)*

.....  
.....

2. My child is good at:

.....  
.....

3. My child likes to:

*(E.g. likes to play alone / with others / inside / outside, painting and drawing, listen to stories)*

.....  
.....

4. My child doesn't like:

*(E.g. loud noises, changes in routine, getting messy)*

.....  
.....

5. During their time here I'd like for my child to:

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

6. Other information I'd like you to know is:

*(E.g. any changes at home, about my child's development e.g. physical, social and emotional)*

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