



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 or spelling would you like them to learn to recognise and write?

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.....

2. My child is good at:

.....
.....

3. My child likes to:

For example, likes to play alone / with others / inside / outside, painting and drawing, listen to stories

.....
.....

4. My child doesn't like:

For example, 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:

For example, any changes at home, about my child's development – physical, social and emotional

.....
.....



Collection notice

The information collected in this form will only be used for the purpose for which it is being collected. All information will be treated confidentially, stored in a secure location, and destroyed in line with legislated retention and disposal schedules to ensure that every students' right to privacy is maintained. For more information, go to the Department of Education's Policy and Advisory Library and read the Privacy Policy.