EAL Team

**EAL Enrolment Meeting Summary Sheet - ELC**

|  |
| --- |
| Date: Present at enrolment meeting: |

**Child’s name: Child is known as:**

**Date of Birth:**

ELCC-Home Communication

Parent/Carer:

Daily communication: Preferred 🞎 Verbal communication

 🞎 Written communication

More formal discussions of your child’s progress 🞎 Interpreter required

 Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞎 No interpreter required

Child’s language and cultural experience

1. What is your child’s position in the family?
2. How old are your child’s siblings?
3. What languages is your child exposed to?

|  |  |  |  |
| --- | --- | --- | --- |
| Language | Who with?E.g. dad, grandparents, playgroup | How often?For how long? | Comment |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Do you have close family connections in another country?

(Where? / Who? / What language? / What contact does the child have with them?)

1. Does your child have any experience of

|  |  |  |  |
| --- | --- | --- | --- |
| SettingNursery/playgroup/school | AttendanceHours per week/for how long | Language/s  | Comment |
|  |  |  |  |
|  |  |  |  |

Child’s learning so far

What can your child already do in your home language?

|  |  |  |  |
| --- | --- | --- | --- |
| Can your child … | Beginning to | With confidence  | Comment |
| understand most of what is said at home |  |  |  |
| understand instructions with 2-3 parts |  |  |  |
| listen to a story & ask/answer questions about it |  |  |  |
| be easily understood when talking to friends and family |  |  |  |
| be easily understoodby most people |  |  |  |
| ask and answer simple questions |  |  |  |
| put three word phrases together |  |  |  |
| speak in sentences |  |  |  |
| imitate nursery rhymes easily |  |  |  |
| join in singing  |  |  |  |
| interact well with peers |  |  |  |
| engage in pretend play |  |  |  |
| recognise own name (which script?) |  |  |  |
| recognise letter names/sounds |  |  |  |
| name at least three parts of the body |  |  |  |
| name basic colours |  |  |  |
| chant numbers |  |  |  |
| count a number of objects  |  |  |  |
| name basic shapes |  |  |  |
| Can your child do anything else you like to tell us about? |  |
| What does your child like doing/feels confident about? |  |
| Is there anything which your child doesn’t like doing/feels less confident about |  |

Support for your child’s learning

1. Are you familiar with the Scottish Curriculum? 🞎 Yes 🞎 No
2. Do you already know other families at the ELCC/school? 🞎 Yes 🞎 No
3. Do you know other families in your home language community? 🞎 Yes 🞎 No
4. Are you interested in helping out in the ELCC? 🞎 Yes 🞎 No

Do you have any concerns about your child?