



My name is:

My DOB is:

My keyperson is:

My communication method is:

Mobility

Life Skills

Sensory

I can crawl/
shuffle/ roll
from one place to another

E S I

I can move in a variety of ways on two feet with or without a support aid

E S I

I can drink from an open top cup without support

E S I

I can navigate fastenings to aid me to dress myself, such as zips, buttons and clips

E S I

I will engage with new textures with interest

E S I

I can adjust my environment to meet my sensory needs

E S I

I can move my arms/ legs across my body, crossing my midline

E S I

I can move around a room by cruising/ using an adult for support

E S I

I can feed myself with some success using hands or cutlery

E S I

I co-operate with dressing

E S I

I repeat actions which achieve a familiar outcome

E S I

I can express discomfort towards a sensory experience

E S I

I can grasp objects within my reach

E S I

I can put weight through my feet, this may be using an appropriate support aid

E S I

I try new foods during mealtimes

E S I

I can sleep for periods of two hours of longer

E S I

I respond positively to games involving physical touch or movement

E S I

I can respond in different ways to different sensory opportunities

E S I

I can move parts of my body in response to stimuli

E S I

I can sit using an appropriate support

E S I

I can open my mouth for feeding/ drinking

E S I

I can brush my gums/ teeth appropriately

E S I

I can close my fist around given objects

E S I

I am interested in exploring new experiences

E S I