**Learning Together Checklist**

\*Please support parents to choose which statement relates to them most in each category

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Playing** | | |
| We sometimes play together although, my child does enjoy playing on their own | We always have to play together with toys as my child will not play on their own | We play together lots, but my child is happy to play on their own | My child and I rarely play together as they prefer to play on their own. |
|  | **Talking** | | |
| My child and I always talk together throughout the day. We respond to each other, and my child is happy when communicating | My child and I talk during the day but sometimes there are distractions, so we don’t always respond to each other. | I talk to my child at key points of the day i.e., to let them know when lunch is ready. Apart from that we don’t often talk. | I try to talk to my child during the day, but it is hard to get a response as they are often using a media device. |
|  | **Exploring the environment** | | |
| My child and I rarely leave the house and access things in the community i.e., go to the park, shops, or groups. | My child and I sometimes leave the house and access things in the community i.e., go to the park, shops, or groups. | My child and I often leave the house and access things in the community i.e., go to the park, shops, or groups. | My child and I always leave the house and access things in the community i.e., go to the park, shops, or groups. |
|  | **Happy parent** | | |
| Most of the time I feel confident and happy as a parent | Sometimes I feel confident and happy as a parent | I don’t often feel confident and happy as a parent | I don’t feel confident and happy as a parent. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Interactions** | | |
| I can show affection towards my child, and we enjoy spending time together | I don't very often have time in the day to have one to one time with my child but would like to more | I feel I have a good relationship with my child, and I can see/tell how they are feeling | My child is always wanting my attention and I find this quite hard to manage |
|  | **Sharing Stories** | | |
| We have got some children books, and we sometimes tell stories and sing songs during the week.  We do/don’t access the library | We have got a range of books, so We often share stories and sing songs throughout the day.  We do/don’t access the library | We haven’t got any children’s books at home so don’t really share stories or sing songs.  We do/don’t access the library | We have books but my child doesn’t enjoy sharing stories. We do sometimes sing songs together.  We do/don’t access the library |
|  |  | **Media devices** |  |
| My child enjoys using a media device on their own, but I limit the time they have. | My child uses media devices on their own throughout the day. | My child doesn’t have access to media devices. | My child rarely uses a media device but if they do we use it together. |

**To be completed by the referrer**

* Are you currently supporting the family with their Home Learning Environment, if so what support has been offered?

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* Have you previously conducted a home visit? If so do the family have access to a variety of play resources?

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* Do you or the family have any concerns regarding the child’s development, if yes please give details below? Yes No

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* Are the family currently accessing any other services?

Edwin Lobo Centre, has the child got a diagnosis, if so please state.................................................

Family Partnership

Social Care, what level of support ..............................................

SALT

Other, please state ...............................................................

|  |  |  |  |
| --- | --- | --- | --- |
| **Question\*** | **Yes** | **No** | **Describe** |
| Are there previously identified alerts/risks that you are aware of? |  |  |  |
| Are there any behaviours of concern that you are aware of? |  |  |  |
| Is there any history of aggression that you are aware of? |  |  |  |