**Learning Journal**

**Child's Name**

|  |
| --- |
|  |

|  |
| --- |
| PHOTO |

**My Learning Journal**

**Information for parents and carers**

Your child's Learning Journal celebrates his or her experiences. Over time it will tell a story about your child - his or her learning, friends, and the experiences he or she enjoys sharing with others.

Staff watch and notice each child at play because it helps us to understand and support their individual well-being and development. We really get to know the children as unique people with special skills, interests and ideas. The more we understand about your special child, the better we can support them in the way that is right for them.

The child's key person and family work together. We value parents and carers taking the Learning Journal home and sharing in their child's learning. We welcome you talking with your child about the Learning Journal, adding in family photographs or other things of significance for your child. You and your child can also take the Learning Journal to any other settings or important people to share or add to.

Please feel welcome to join us in watching out for and noting new things. So much happens so quickly! When you tell us about your child a clearer picture unfolds and together we can plan more effectively to help your child's learning and development. We can share pleasure and excitement in their learning. We will regularly look through the learning journal with your child to remind us of happy times, providing a starting point for talk about shared memories. When children are ready, they can also choose to put things that are important to them in their Learning Journal.

**Though it is mainly kept here it belongs to you and your child.**

The Learning Journal will include the following:

**Photographs**: These capture moments and sequences of your child's experiences, their interests and explorations. You can add some of your own from home. Sometimes, we will write down exactly what your child says about the photographs, so we know your child's point of view. This is also an accurate record of language development.

Pictures of important people and things at home will help your child to feel secure in making the link from home to nursery. Please feel free to add any photos to the Learning Journal. You could also write down the names of family members or friends pictured in the photos and we will then be able to talk with your child about things that matter to them.

* **Observations:** These are quick notes of significant moments we notice in your child's learning.
* **Your child's creations**- these could be photos of models, photos of their role play. mark they have made, or art-making- with an observation to explain what your child did or said.
* **Learning stories or detailed observations-** these detailed observations give snapshots of learning that the child has initiated themselves, and adults go on to think about the learning and how to respond specially to the child's way of thinking and doing things.

|  |  |  |
| --- | --- | --- |
| **INFORMATION FROM THE HOME/HOME VISITS/PARENTS** | | |
| **Child's name:** | **Date of birth:** | |
| **Position in family:** | **Ethnic background:**  **Language spoke at home:**  **Child's first language:**  **Religion:** | |
| **Looked after child (LAC)**  **Yes/No**  **Early Years Personal**  **Educational Plan (PEP)**  **Yes/NO** |
| **Household entitled to free school meals?**  **Yes/No** | **Dietary requirements/food allergies:** | |
| **Who will generally**  **Bring/collect your child?**  **Other adults permitted to**  **collect my child:** | **Name:** | **Relationship:** |
|  |  |
|  |  |
|  |  |
|  |  |
| Does your child have any medical conditions or other specific requirements that the setting should be made aware of? | | |
| Does your child receive support from outside agencies (Portage, speech and Language Therapy Service, etc)? | | |
| Circle as appropriate:  Special Educational Needs (SEN) Code of Practice: Early Years Action/Early Years  Action (Plus/Statutory Assessment/Statement  First Visiting Team involvement  Comment Assessment Framework (CAF) | | |
| Parent/carers' signature: | Date: | |
|  |  | |
|  |  | |

|  |
| --- |
| **ALL ABOUT ME** |
| **My routines are:** |
| (This might include eating and sleeping routines, the kind of cup I use, my toileting habits, my routines, and who will usually bring and collect me.) |

|  |
| --- |
| **How I communicate** |
| (This might include special words or gestures, home language and any other types of communication I use.) |

|  |
| --- |
| My feelings |
| (This might include what makes me happy, sad, angry or scared and how i show these feelings). |

|  |
| --- |
| When I am feeling ..... it helps me if.... |
|  |

|  |
| --- |
| **ALL ABOUT ME** |
| **Anything else you might need to know about me** |
| (This might include any health care needs, other people who are involved in my well-being, or any other information I would like to share with you) |

|  |
| --- |
| **Ongoing observations and discussions** |
| **Add additional sheets as necessary** |