SETTLING RECORD

Little Garden Gate NURSERY

Child's Name: _____ Start Date: _____

Date of Birth: _____ Room: _____

Key Person / Key Teacher: _____ Settling Plan Date: _____

About My Child

Any information that will help us to support your support your child during their settling in period

_____

_____

_____

Settling In Record

Date	Session/time	Who was present?	How did your Child settle?	Experience enjoyed	Any notes

Summary of Setting In

Comments about how your child has setted and any ongoing support needed.

_____

_____

_____

Key teacher Signature

Name: _____

Signature: _____

Date: _____

Parent / Carer Signature

Name: _____

Signature: _____

Date: _____

Working together to help your child feel safe, happy and ready to learn. ♥