|  |  |
| --- | --- |
| Name of child: |  |
| Date of birth: |  | Age: |  |
| Date document completed: |  |
| Name of setting: |  |
| Key person: |  |
| Setting contact information: |  |
| Sessions per week/hours: |  | Attendance: |  |
| EYPP: | Yes |  | No  |  |
| 2 year old funding: | Yes |  | No |  |
| Progress check at 2 completed: | Yes |  | No |  |

Please detail any of the following (please include professionals name where appropriate):

|  |  |  |  |
| --- | --- | --- | --- |
| Child in need: |  | Child protection: |  |
| Targeted help: |  |  |  |
| Cared for Child: |  | Adopted from care: |  |
| Subject to a Special Guardianship Order: |  |
| Medical needs/allergies: |  |
| SEN – area of need: |  | Enhanced transition plan completed: | [SEND Inclusion in Early Years - Torbay Council](https://www.torbay.gov.uk/senearlyyears) |
| Educational Psychologist involvement: |  | EHCP requested or completed: |  |

Child’s development across 7 areas of learning from EYFS:

|  |  |  |
| --- | --- | --- |
| Area of Learning: | Emerging or Expected: | Needs support with: |
| Communication and language: |  |  |
| Personal, social emotional:  |  |  |
| Physical development: |  |  |
| Literacy: |  |  |
| Maths: |  |  |
| Understanding The World:  |  |  |
| Expressive Arts and Design:  |  |  |
| Child’s strengths: | Child’s areas for development:  |

|  |
| --- |
| Child’s voice: |

|  |
| --- |
| Parent/Carer comment: |
| Parent/Carer consent to share declaration: **‘**I agree for the information contained within this form or any attached documents to be shared with relevant professionals, including any safeguarding concerns, in order to enable appropriate support for my child at points of transition and beyond’ |
| Parent/Carer signature:  | Date: |
| Practitioner/Manager signature:  | Date: |