**EARLY YEARS SUMMARY TRANSFER FORM**

Child Information

|  |  |
| --- | --- |
| **FIRST NAME** | Click or tap here to enter text. |
| **FAMILY NAME** | Click or tap here to enter text. |
| **Preferred name /Known by** | Click or tap here to enter text. |
| **GENDER at birth** | Choose an item. |
| **Date of Birth** | Click or tap to enter a date. |
| **AGE in months at time of Transfer** | Click or tap here to enter text. |
| **Language(s) used at home by child** | Click or tap here to enter text. |
| **Language(s) used by family of child** | Click or tap here to enter text. |
| **Does child use toilet independently?** | YES  NO |
|  | |
| **NAME OF SCHOOL TRANSFERRING TO** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **NAME OF CURRENT SETTING** | Click or tap here to enter text. |
| **DATE STARTED AT SETTING** | Click or tap to enter a date. |
| **ATTENDANCE**  **Any Attendance concerns?** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Mon** | | **Tues** | | **Wed** | | **Thurs** | | **Fri** | | | am | pm | am | pm | am | pm | am | pm | am | pm | |  |  |  |  |  |  |  |  |  |  |   NO  YES  Details: Click or tap here to enter text. |
| **Other settings/childcare attended** | Click or tap here to enter text. |

Identified Needs

|  |  |
| --- | --- |
| **Current SEND Status** | SEND Support EHCP  **NONE** (go to pg3) |
| **Confirmed diagnosis? Date & Details** | Click or tap here to enter text. |
| **Early Years SEND Funding received?** | NO YES  Band (if applicable)A B C |
| **PRIME AREA(S) of identified need** | Cognition & Learning  Communication & Interaction  Sensory/Physical  Social, Emotional, Mental Health |
| **Other issues impacting Well Being** *(eg ACEs*)  **\*\*only give brief detail -** *see below* | Click or tap here to enter text. |
| **\*\*consider confidentiality – further details available from Setting** |  |

SEND provision

|  |  |  |  |
| --- | --- | --- | --- |
| **AGENCIES/SERVICES involved:** | *Current* | *Previous –*  *within last 12 months* | *Recently Referred - date* |
| INSPIRE – Specialist Teacher Outreach |  |  | Click or tap to enter a date. |
| Education Psychologist |  |  | Click or tap to enter a date. |
| Speech & Language Therapist |  |  | Click or tap to enter a date. |
| Occupational Therapist |  |  | Click or tap to enter a date. |
| Physiotherapist |  |  | Click or tap to enter a date. |
| Child Development Centre *eg Cheyne* |  |  | Click or tap to enter a date. |
| Social worker |  |  | Click or tap to enter a date. |
| Health Visitor |  |  | Click or tap to enter a date. |
| Paediatrician/Consultant |  |  | Click or tap to enter a date. |
| Other: Give details  Click or tap here to enter text. |  |  | Click or tap to enter a date. |

*For the 7 areas of learning, decide which Development Matters age band best describes the child’s current attainment and then check the box whether they are* ***Entering (E) Developing (D) or Strong (S)*** *within that age band.*

Progress & Development

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | ***STAGE 4*** | | | ***STAGE 5*** | | | ***STAGE 6*** | | |
|  |  | **22-36 months** | | | **30-50 months** | | | **40-60+ months** | | |
| **Personal, Social and Emotional Development** | *Self-Regulation* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
| *Managing self* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
| *Building Relationships* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
|  |  | | | | | | | | | |
|  |  | **22-36 months** | | | **30-50 months** | | | **40-60+ months** | | |
| **Communication & Language** | *Listening, Attention & Understanding* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
| *Speaking* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
|  | | | | | | | | | | |
|  | | **22-36 months** | | | **30-50 months** | | | **40-60+ months** | | |
| **Physical Development** | *Gross Motor Skills* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
| *Fine Motor Skills* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
|  | |  |  |  |  |  |  |  |  |  |
|  | | **22-36 months** | | | **30-50 months** | | | **40-60+ months** | | |
| **Literacy** | *Comprehension* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
| *Word Reading* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
| *Writing* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
|  | | | | | | | | | | |
|  | | **22-36 months** | | | **30-50 months** | | | **40-60+ months** | | |
| **Mathematics** | *Number* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
| *Numerical Patterns* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
|  | | | | | | | | | | |
|  | | **22-36 months** | | | **30-50 months** | | | **40-60+ months** | | |
| **Understanding The World** | *Past & Present* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
| *People, Culture & Communities* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
| *The Natural World* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
|  | | | | | | | | | | |
|  | | **22-36 months** | | | **30-50 months** | | | **40-60+ months** | | |
| **Expressive Arts & Design** | *Creating with materials* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |
| *Being Imaginative and Expressive* | **E** | **D** | **S** | **E** | **D** | **S** | **E** | **D** | **S** |

|  |
| --- |
| **HEALTH – including allergies; medication, glasses, hearing aid, current medical conditions as relevant**  Click or tap here to enter text. |

**SENSORY PREFERENCES –** *Please indicate as relevant from Sensory Profile*

|  |  |  |  |
| --- | --- | --- | --- |
| **SENSE** | **Hyper** *- avoider* | **Hypo** *- seeker* | **Additional notes/observations** |
| Sound |  |  | Click or tap here to enter text. |
| Visual |  |  | Click or tap here to enter text. |
| Taste |  |  | Click or tap here to enter text. |
| Smell |  |  | Click or tap here to enter text. |
| Touch |  |  | Click or tap here to enter text. |
| Balance |  |  | Click or tap here to enter text. |
| Proprioception - *sensing where the body is in space* |  |  | Click or tap here to enter text. |
| Interoception - *detect and attend to internal bodily sensations* |  |  | Click or tap here to enter text. |

**SELF CARE –**

*using toilet – STEPS secured:*

**Visiting bathroom & sitting on toilet securely**

**Indicates need for using toilet by** Click or tap here to enter text.

**Nappy/Pull Ups off ALL day**

**Other information:** Click or tap here to enter text.

*dressing skills* Click or tap here to enter text.

*cutlery skills* Click or tap here to enter text.

Additional Information

|  |
| --- |
| **PARENT/CAREGIVER COMMENTS**  Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Completed by** | | |
| **Name:** | | Click or tap here to enter text. |
| **Role:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. |
| **Discussed with Parent/Caregiver:** | |
| **Privacy Notice/Sharing Protocol agreed:** | YES NO |
| **Date:** | Click or tap to enter a date. |

Sent to receiving school on Click or tap to enter a date.

Confirmed Receipt:

Date received: Click or tap to enter a date.

Name of recipient Click or tap here to enter text.

Job Title: Click or tap here to enter text.

NOTES: Click or tap here to enter text.