Temporary EYFS Summary Transition Record

*All Barnsley schools and settings are actively encouraged to use the EYFS Summary Transition Record when children transfer to other Barnsley schools and settings.*

*This format has been adapted in light of Covid-19 and is intended to support all schools and settings, particularly those receiving children from multiple early years settings.*

*Settings and schools must also ensure they are fully compliant with the General Data Protection Regulations 2018 when sharing information with setting, schools and other agencies. (www.ico.org.uk****)***

**EYFS Summary Transition Record**

Purpose: It is a statutory requirement that providers must maintain records and obtain and share information (with parents and carers, other professionals working with the child, the police, social services and Ofsted or the childminder agency with which they are registered, as appropriate) to ensure the safe and efficient management of the setting, and to help ensure the needs of all children are met. *Statutory Framework for the EYFS (2017)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name** | | | **D.O.B** | | | | | |
| **Child’s Position in Family** | | | | | | | | |
| **Siblings in School/Nursery** | | | | | | | | |
| **Setting Details**  Name: Contact Number:  Contact Name: Job Title:  E-Mail address: | | | | | | | | |
| **Start Date** | | | **End Date** | | | | | |
| **Attendance pattern** (EEF/TYE 5 x sessions per week) include attendance at other FC Services (attach activity report if necessary) has the child attended during lockdown? If not when did they last attend? | | | | | | | **EYPP**  **Yes/No** | **TYE**  **(funded**  **2 yr old)**  **Yes/No** |
| **Previous settings/providers/childminder attended or attends** | | | | | | | | |
| **Any other agencies involved (**e.g. Speech & Language, Family Support, Social Worker, Paediatrician) | | | | | | | | |
| Agency | Name | Contact Details | | Current/Closed | | Length of involvement | | |
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| **Status** (attach plan where available) | | | | | | | | |
| EHA | Child in Need | | Child Protection | | Looked After Child | | | |
| Lead Practitioner:  Date, time and Location of next meeting: | | | | | | | | |

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| **Special Education Needs:** **Yes/No** (If Yes please include latest SEN Support Plan, EHC Plan) | | | | | | | | | | | | | | | | **WellComm Intervention**  **Yes/No** | | | |
| **EYFS Attainment** | | | | | | | | | | | | | | | | | | | |
| **Personal, Social and Emotional** | | | | | **Physical** | | **Communication & Language** | | | **Literacy** | | **Mathematics** | | **Understanding the World** | | | | **Expressive Arts and Design** | |
| SCSA | | MFB | | MR | MH | HSC | LA | U | S | R | W | N | SSM | P&C | TW | | T | EUMM | BI |
| **Starting Assessment (date and age in months) : (D=Developing S=Secure H=High)**  **Is this the two year progress check information? Yes/No**   |  |  |  |  | | --- | --- | --- | --- | | Below typical | Just below typical | Typical | Above typical | | | | | | | | | | | | | | | | | | | | |
| **Personal, Social and Emotional** | | | | | **Physical** | | **Communication & Language** | | | **Literacy** | | **Mathematics** | | **Understanding the World** | | | | **Expressive Arts and Design** | |
| SCSA | MFB | | MR | | MH | HSC | LA | U | S | R | W | N | SSM | P&C | TW | | T | EUMM | BI |
| **Current (most recent) Levels as of (date and age in months) : (D=Developing S=Secure H=High)**   |  |  |  |  | | --- | --- | --- | --- | | Below typical | Just below typical | Typical | Above typical | | | | | | | | | | | | | | | | | | | | |
| **Describe the child as a learner** (include characteristics of effective learning, interests, strengths, attach a photo of the child) | | | | | | | | | | | | | | | | | | | |
| **Any Concerns identified** - Behaviour, poor attendance, lateness, family circumstance, speech (where no referral has been made or referral has been rejected) changes to family circumstances/behaviours during Covid-19 | | | | | | | | | | | | | | | | | | | |
| **If the child has not attended during the Covid-19 lockdown, describe the engagement you have had with the family and child** – regularity of contact, engagement with home learning ideas, emotional wellbeing of child/family. | | | | | | | | | | | | | | | | | | | |
| **Medical Health Issues** | | | | | | | | | | | | | | | | | | | |
| **Is a Transition Plan required? Yes/No** If Yes this will be arranged between settings | | | | | | | | | | | | | | | | | | | |
| Completed by………………………………………………… Date …………………………………………………    Passed to…………………………………………………….. Date ……………………………………………….. | | | | | | | | | | | | | | | | | | | |