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| **EYFS Summary**  **Transition Record** | **Child’s Name** | | | | | | | | | | | **DoB** | | | | |
| **Setting Details**  Name: Contact Number:  Contact Name:  E-Mail address: | | | | | | | | | | | | **Start date** | | | | |
| **End date** | | | | |
| **Attendance pattern** (e.g., 5 x sessions per week) include any attendance issues | | | | | | | | | | | | **Two Year Entitlement (TYE)** Yes or no  **Early Years Pupil Premium** Yes or no | | | | |
| **Previous settings/providers/childminder attended or attends** | | | | | | | | | | | | | | | | |
| **Any other agencies involved (**e.g. Speech & Language, Family Support, Social Worker,0-19 PHNS, Paediatrician) | | | | | | | | | | | | | | | | |
| Agency | | Name | | Contact Details | | Current/Closed | | | Length of involvement | | | | | | | |
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| Indicate if any of these apply: | | | | Early Help Assessment  Child in Need  Child Protection Plan  Looked after child | | | | | | Lead Practitioner for any current plans:  Date, time and location of next meeting: | | | | | | |
| **Special Education Needs:** **Yes/No** (If yes please include latest SEN Support Plan, EHC Plan) | | | | | | | | | | | | | | | |
| **Did you complete a two-year progress check?** (If yes please attach) | | | | | | | | **Did the child have an integrated review**? Yes or no | | | | | | | |
| **Any additional information** | | | | | | | | **WellComm Intervention** Yes or no | | | | | | | |
| **Starting point assessment in the current setting: date of assessment and age in months** | | | | | | | | | | | | | | | |
| **Starting point strengths** | | | | | | | | **Starting points where children needed additional support** | | | | | | | |
| **EYFS Current Level of attainment** | | | | | | | | | | | | | | | |
| **Current Levels as of (date and age in months) :** | | | | | | | | Additional support required | | | | | | Expected level of development for age | |
| **Communication**  **And Language** | | | **Personal, Social and Emotional Development** | | **Physical Development** | | **Literacy** | | | | **Mathematics** | | **Understanding the World** | | **EAD** |
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| **Any additional comments** (include interests, strengths, What can I do now? What will I be able to do with a little support? What do I need help with?) | | | | | | | | | | | | | | | |
| **Any Concerns identified** - Behaviour, poor attendance, lateness, family circumstance, speech (where no referral has been made or referral has been rejected) | | | | | | | | | | | | | | | |
| **Medical Health Issues** | | | | | | | | | | | | | | | |
| **Parent view and child view of move to new setting** | | | | | | | | | | | | | | | |
| **Is a Transition Plan required? Yes/No** If Yes this will be arranged between settings | | | | | | | | | | | | | | | |
| Completed by………………………………………………… Date …………………………………………………    Passed to…………………………………………………….. Date ……………………………………………….. | | | | | | | | | | | | | | | |

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 (2021)*