 

**EARLY YEARS GRADUATED RESPONSE**

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| **Name of child:** | **DoB:** | **EYFS year:**  *(pre FS1, FS1, FS2)* | **Setting:** | **Key Person:** | **Hours on roll/week:** |

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| **EYFS Assessment Record** |

**Current assessment**

**Previous assessments**

**Prime areas of learning**

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|  | Term year | Age (mths) | Development stage | Term year | Age (mths) | Development stage | Term year | Age (mths) | Development stage | Term year | Age (mths) | Development stage |
| **Communication and Language**  Listening, Attention and Understanding  Speaking |  |  | Select Range  Select Range |  |  | Select Range  Select Range |  |  | Select Range  Select Range |  |  | Select Range  Select Range |
| **Personal Social and Emotional Development**  Self-regulation  Managing Self  Building Relationships |  |  | Select Range  Select Range  Select Range |  |  | Select Range  Select Range  Select Range |  |  | Select Range  Select Range  Select Range |  |  | Select Range  Select Range  Select Range |
| **Physical Development**  Gross Motor Skills  Fine Motor Skills |  |  | Select Range  Select Range |  |  | Select Range  Select Range |  |  | Select Range  Select Range |  |  | Select Range  Select Range |

**Specific areas of learning**

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|  | Term year | Age (mths) | Development stage | Term year | Age (mths) | Development stage | Term year | Age (mths) | Development stage | Term year | Age (mths) | Development stage |
| **Literacy** |  |  | Select Range |  |  | Select Range |  |  | Select Range |  |  | Select Range |
| **Mathematics** |  |  | Select Range |  |  | Select Range |  |  | Select Range |  |  | Select Range |
| **Understanding the world** |  |  | Select Range |  |  | Select Range |  |  | Select Range |  |  | Select Range |
| **Expressive arts and design** |  |  | Select Range |  |  | Select Range |  |  | Select Range |  |  | Select Range |

**What could be working better?**

**What my child needs help with?**

Child’s name and photo

**Date updated:**

**Anything else that is important to know about my child.**

**What my child enjoys?**

**What my child is good at?**

**What is working well to support my child’s development and progress?**

**What would you like for your child in the future? Hopes and aspirations for your child.**

**Parent/Carer views**

**What do you and others like and admire about your child?**

**How best to communicate with me?**

**Date updated:**

**When I’m older I would like to be able to...**

Child’s name and photo

**Child’s views**

**I like …**

**I am good at …**

**Who/what is important to me?**

**I don’t like…**

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| **Early Years Individual Needs Analysis** |

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| **Child’s name:** | **Date of latest analysis:** |

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| **Area of need** | **Strengths** | **Needs** | **Outcomes (short term)** | **Provision** | **Review and date**  *Progress and impact of provision* |
| **Communication and**  **Interaction** |  |  |  |  |  |
| **Cognition and learning** |  |  |  |  |  |
| **Social emotional and mental health** |  |  |  |  |  |
| **Physical and sensory** |  |  |  |  |  |

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| **Early Years SEN Support** |

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| **Child’s name:** | **DoB:** | **EYFS year:** | **EHA CIN CP LAC:** |

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| **Setting:** | **Start date:** | **Attendance data:** | **SENCO:** | **Key person:** |

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| **Parent/carer’s names:** |
| **Child and parent/carer aspirations:** |
| **Summary of SEN:** |

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| **Professional involvements (name, role, previous and current dates of involvement)** |

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| **Education Inclusion services:** | **Health (including SALT):** | **Early Help or Social care:** |

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| **Early Years Inclusion Grant** |

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| **Hours funded:** | **Provision:** | **Start date:** | **Finish date:** |

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| **Early Years SEN Support Plan** |

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| **Plan number:** | **Start date:** | **Review date:** |

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| **Medium term outcomes:** |

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| **Short term SMART outcomes** | **Details of provision** | **Adult: Child ratio** | **How long for?**  *Duration in minutes* | **How often?**  *Times per day* | **Review**  **Impact/Progress** |
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| **Medium term outcomes:** |

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| **Short term SMART outcomes** | **Details of provision** | **Adult: Child ratio** | **How long for?**  *Duration in minutes* | **How often?**  *Times per day* | **Review**  **Impact/Progress** |
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| **Review meetings** |

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|  | **Updated strengths and needs informed by ongoing**  **assessment**  *Include Parent/Carer and child views plus external agency advice as appropriate* | **Impact of provision on progress towards outcomes**  What’s working and what might be even better if?  *Include Parent/Carer and child views plus external agency advice as appropriate* | **Considerations for outcomes** |

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| **Plan 1**  **Review date:** |  |  |  |

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| **Persons in review meeting:** | **Any actions/additional information:** |

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| **Plan 2**  **Review date:** |  |  |  |

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| **Persons in review meeting:** | **Any actions/additional information:** |

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| **Plan 3**  **Review date:** |  |  |  |

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| **Persons in review meeting:** | **Any actions/additional information:** |