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| **Child’s Name: Date of birth:** |
| **My Family** |
| Who is important to me? Who lives with me? |

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| **EY Setting:**  **Date started at Setting:** | **Other settings attended** (if applicable): | **Weekly hours accessed:**  **e.g., 15 hours / 30 hours or other**  **Regular attender Y / N** |
| **Name of allocated school:** | **EAL Y / N**  **What languages do I understand?**  **What languages do I speak?** | **Medical Information: e.g. allergies…** |
| **Speech and language** | | **Additional Information:**  *(Please tick* **** *where relevant)*   * Accessed 2 Year FEEE Funding * Early Help * Received EYPP      * Social Worker involvement * Child Protection Plan * Child Looked After and PEP completed * Previously Child Looked After * Heath Care Plan   *(Please share any relevant documents if applicable)* |
| **Wellcomm completed: Y / N**  **Stage: Age working at:**  **Interventions/next steps/information**:(report attached if applicable) | |
| **SEND** | |
| **Involvement from Inclusion team: Y / N**  **In receipt of EYAR Y / N**  **ECHP in place or in process Y / N**  **‘Early Years Transition Passport’ completed: Y / N**  **Any other professionals involved:** | |

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| **About Me – Child’s Voice** |
| **What makes me unique? What do people admire about me?** |
| **What I might need help with?** |
| **Things I am interested in?** |
| **What helps me to settle and feel secure?** |

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| **Parent’s Voice** e.g wishes for school… |
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* **Parental consent to share information.** *(Please tick and sign to confirm agreement is in place)*

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