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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:** |

|  |
| --- |
| **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… |
|  |

* **Parental consent to share information.** *(Please tick and sign to confirm agreement is in place)*

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