
#  Early Years Transfer Information

**SECTION 1**

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| **Current Setting:** | **Next Setting/Primary School:** |
| **Name of person completing/Role:** | **Date of completion:** |

|  |  |
| --- | --- |
| **Name of child:****DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_****Name of Parent/Carer:** Who has parental responsibility for the child? As above Other (If other, please provide details) **Length of time at current setting:****Previous settings?** (dates if possible) | **Attendance:****Punctuality:** |
| **EYFS Assessment or Progress Information attached: YES / NO****If no, please complete section 4****Early Years Pupil Premium YES / NO** |
| **SEND Category** (Tick if appropriate):**Monitoring 🞎 SEN Support 🞎 EHC Ass 🞎 EHCP 🞎**Support offered to date(include external agencies): |
| **Safeguarding – please circle****CP Plan: YES / NO / Previously****CIN Plan: YES / NO / Previously****CioC\*1: YES / NO / Previously** **SGO\*2: YES / NO / Previously** |
| **EAL** How long has the child been exposed to English? E*.g. from birth.*Main Language: Other Languages spoken at home | **Health** (including known allergies or specific health needs)**:** |

**\*1 Children in our Care**

**\*2Child Protection Plan/ Child in Need Plan/Looked After Child/Special Guardianship Order**

Please post the completed form with any attached information to: *The Early Years Foundation Stage leader/ manager at …………, receiving setting address.…………*

**SECTION 2: SERVICES INVOLVED WITH CHILD IN THE LAST TWO YEARS.**

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| SERVICE | NAME OF STAFF MEMBER | STILL INVOLVED Y/N |
| Early Help |  |  |
| Social Care |  |  |
| SALT |  |  |
| Sensory Service |  |  |
| Early Years Inclusion Team (EYIT) |  |  |
| Educational Psychology Service (EPS) |  |  |
| Children with Disabilities Keyworker Team (CwD KW T) |  |  |
| Dietician  |  |  |
| Physiotherapy |  |  |
| Occupational Therapy |  |  |
| Community Paediatrician  |  |  |
| ASD Outreach Service |  |  |
| STEPS |  |  |
| CAMHS |  |  |
| RBG Virtual School |  |  |
| Other |  |  |

**SECTION 3**

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| **Are there any home/school circumstances which you and the parent feel may affect the child’s access to learning, that you would like the new setting to be aware of** |

**Signed Practitioner or Manager: Date:**

**I am happy to share this information.**

**Signed Parent/Carer: Date:**

**SECTION 4**

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| **Child’s developmental needs- Please indicate if there are any emerging needs or concerns.** |
| **Emotional & Social development:** (including Behaviour- please comment on any potential risk they may present to themselves or others, and any successful strategies you may have developed)**Relationships:** (please comment on relationships with peers and adults, and any successful strategies you have developed and important considerations re grouping).**Speech, language & communication:****Physical development:** |

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