

# Early Years Transfer Information

**SECTION 1**

|  |  |
| --- | --- |
| **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.**

|  |  |  |
| --- | --- | --- |
| 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**

|  |
| --- |
| **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**

|  |
| --- |
| **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:** |

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