|  |  |  |
| --- | --- | --- |
| **Name of child****Preferred name** |  |  |
| Date of birth |  |  |
| Setting completing document |  |  |
| Date of completion |  |  |
| Settings attended (inc childminder) |  |  |
| Key person |  |  |
| Please tick attributes that apply to child—**\***Contact details of professionals involved to be included, along with any reports  |
| **CLA** |  | **EAL** |  |  | **\*SEND** |  | **\*Family** **support** |  |
| **Prev 2yr EYFE** |  | **EYPP** |  |  | **30 hours** |  | **\*\*IPF / DAF** |  |
| \*\* What is the need in relation to engagement with SEND team and receiving Inclusive Practice Fund? |
| **What has been the child’s EYFS time-line journey throughout COVID 19?**Date started setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_March—June attendance—average hours per week: \_\_\_\_\_\_\_\_\_\_\_\_June onwards attendance—average hours per week: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Child’s key strengths and interests, following the child’s voice:**  |
| **Any areas of concern:**  |
| **Have you noticed any impact of the lockdown on the child’s three prime areas of learning? Please give details**   |
| **What strategies have supported the child previously e.g. small group work is best for concentration**  |

**Early Years Foundation Stage COVID 19 Transition Record**

