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

