

Early Years Foundation Stage transfer summary

Child's name: Known as:		1 st language spoken:		
		Other languages spoken:		
		Religion:		
Date of birth:		Family position e.g. second of four children. See additional guidance	<input type="checkbox"/> of <input type="checkbox"/> child/ren	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>			
Details of Setting completing this summary				
Setting name :		Phone:	Email:	
Address:				
Name of Key Person:				
Relevant details likely to affect and support learning and development, e.g. allergies, illness, family history, circumstances or attendance.				
Early Years Action (additional and different support within the setting)	<input type="checkbox"/>	Early Years Action + (outside agency support)	<input type="checkbox"/> Statement <input type="checkbox"/>	
Information on special needs/disability – attached additional reports/information <input type="checkbox"/>				
Professionals working with child/family:				
Weekly pattern of care, play and education for last 3 months. Please use the following codes: H = cared for at home or with family; PTN = part time nursery; DC = Day Care; CM = Childminder; OOS = Out of School Club; N = Nanny/ Au pair.				
	Before 9am	9am →	pm → 3pm	After 3pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Has the child followed this pattern of care all year or term time only?				

Personal portrait (Wellbeing e.g. enjoyment, spontaneity, communication, relationships, self-confidence)

Involvement (e.g. motivation, perseverance, curiosity and interests)

Other notable capabilities/ difficulties (e.g. self care, physical, creativity, numeracy, literacy).

Additional information (this should be from the parent, carers or child).

Signatures

Practitioner/key person

Date

Parent/carer

Date