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| --- | --- | --- |
| Child’s Name | | Date of Birth |
| Name of EY’s setting SENCo |  | |
| Telephone number/  contact details |  | |
| What sessions does the child attend? |  | |

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| --- | --- |
| **Intervention Profile** | |
| 24-36 month EYFS progress check identified progress was less than expected? | Yes/No |
| Health Visitor - Ages and Stages Questionnaire (ASQ -3 or ASQ- SE) or Schedule of Growing Skills (SOGs) where progress is less than expected? | Yes/No |
| Multi agency Meetings taken place? | Yes/No |
| Early Help Common Assessment Framework (CAF)/  Early Support Assessment (ESA)? | Yes/No/Previously opened but now closed |
| Has the Early Years Graduated Response to SEND (GRSS) identified areas of concern? | Yes/No |
| My Support Plan? | Yes/No |
| EHCA (Education, Health and Care Assessment)?  EHCP (Education, Health and Care Plan)? | Yes/No  Yes/No |

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| --- | --- | --- |
| **Main areas of concern (**Please highlight) | | |
| Speech and Language | Social Communication | Behaviour, Emotional and Social difficulties |
| Sensory | Physical difficulties | Medical Healthcare Needs |
| Is the child able to use the toilet independently? | Yes | No |
| Any other area of concern?  Does the child have a medical diagnosis? Yes/No (if yes please give details) | | |

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| --- | --- |
| **Additional support provided within the setting** (Please highlight) | |
| Individual Education Plan (IEP) | Boosting Language Auditory Skills and Talking (BLAST) programme/Attention Bucket |
| Additional Resources/equipment to support needs | Individual visual support strategies e.g. symbols/photographs/sand timer/PECs |
| Makaton | Health Care Plan and/or Healthcare Needs Risk Assessment |
| Social skills group | Any other? |

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| **Funding accessed within the setting/home** (Please highlight) |
| |  |  | | --- | --- | | Better 2gether Funding (2-year Funding) | Inclusion Support Funding | | DAF Funding (Disability Access Funding) | DLA (Disability Living Allowance) | |

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| --- | --- | --- |
| **Multi agency involvement (**Please highlight) | | |
| Speech Therapist | Paediatrician | Health Visitor |
| Children Centre Outreach | Home Start | Social Worker |
| Child and Adolescent Mental Health Service (CAMHS) | Occupational Therapist | Physiotherapist |
| Early Years Inclusion Officer | SIPMS Advisory Teacher | Portage |
| District Specialist Centre | SEND Lead Worker (please name) | HELM (Health and Education Liaison Meeting)  Please list any outcomes |
| Is the child clinically vulnerable to COVID-19? | | Yes/No |
| **Any other relevant information e.g.** Parenting courses attended | | |

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| **Parent/Carers views** |
| **Date shared with parents:** |
| This form is designed to be used to provide an overview of previous and current support and interventions accessed by the child.  This is designed to be used in addition to a My Support Plan, Summative Assessment, Early Support Assessment. |

**Privacy Notice**

This data is being collected and used to provide information to support your child’s transition to school.

This information will only be shared with your child’s primary school and will be retained by your child’s early years setting. (*Early Years Setting – Please state below how this information is stored*)