| Child’s name | DOB | Key Person | Attendance at EY setting – no of hours per week and months/ years accessing  | Friendships | Siblings in school?(add names if applicable) | Key strengths and interests | Other areas to highlightFor example, delays in learning and development, vulnerabilities, SEND needs, EAL and language(s) spoken, current and previous support from other professionals | Vulnerability Indicators(tick all that apply) | Transition needed(tick one option only) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | [ ]  EYPP[ ]  EAL[ ]  GTRSB[ ]  SEND[ ]  Other | [ ]  universal[ ]  supported[ ]  supported with referral to EY Transition Teacher |
|  |  |  |  |  |  |  |  | [ ]  EYPP[ ]  EAL[ ]  GTRSB[ ]  SEND[ ]  Other | [ ]  universal[ ]  supported[ ]  supported with referral to EY Transition Teacher |
|  |  |  |  |  |  |  |  | [ ]  EYPP[ ]  EAL[ ]  GTRSB[ ]  SEND[ ]  Other | [ ]  universal[ ]  supported[ ]  supported with referral to EY Transition Teacher  |
|  |  |  |  |  |  |  |  | [ ]  EYPP[ ]  EAL[ ]  GTRSB[ ]  SEND[ ]  Other | [ ]  universal[ ]  supported[ ]  supported with referral to EY Transition Teacher |