| 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 highlight  For 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 |