|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child’s Details** | | | | | | |
| **Name of child** |  | | | **DoB** |  | |
| **House number** |  | | | **Town** |  | |
| **Street** |  | | | **Postcode** |  | |
| **Child in care** | **Yes / No** | | | **Forces family** | **Yes / No** | |
|  | | | | | | |
| **Parent / Carer details** | | | | | | |
| **Name** |  | | | **Phone number** |  | |
| **Email address** |  | | | | | |
|  | | | | | | |
| **Early Years Setting details** | | | | | | |
| **Setting name** |  | | | **Phone number** |  | |
| **Setting E-mail address** |  | | | **Contact name** |  | |
| **Date child started at the setting** |  | | | **URN** |  | |
| **Child’s primary school start date** | | | |  | | |
| **Is your setting part of a collaboration?** | | | | **Yes /No** | | |
|  | | | | | | |
| **Sessions attended & timings** | | | | | | |
| **Mon** | | **Tues** | **Weds** | **Thurs** | | **Fri** |
|  | |  |  |  | |  |
| **Is the child in receipt of Early Years Pupil Premium (EYPP)?** | | | | | | **Yes / No** |
| **If yes, how have you utilised the EYPP? (please give details below)** | | | | | | |
|  | | | | | | |
| **Is the child in receipt of Disability Access Fund (DAF)?** | | | | | | **Yes / No** |
| **If yes, how have you utilised the DAF (please give details below)** | | | | | | |
|  | | | | | | |
| **Is the child accessing the Free for Two entitlement?** | | | | | | **Yes / No** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What are the identified needs of the child? (please give a brief summary of child’s needs)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Have you contacted your Early Years and Childcare Equality & Inclusion Advisor for general advice and strategies?**  **What advice did they give and what has been the impact? (please attach the Note of Visit)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Which agencies or professionals have already been accessed? (please tick applicable)** | | | | | | | | | | | | | | | |
| Social Care | | |  | Paediatrician | | | |  | Educational Psychologist | | | | | |  |
| Physiotherapist | | |  | Speech Therapist | | | |  | Occupational Therapist | | | | | |  |
| Early Help | | |  | Portage | | | |  | NHS Children’s Care Coordination Team | | | | | |  |
| Health Visitor | | |  | Children’s Centre | | | |  | GP | | | | | |  |
|  | | | | | | | | | | | | | | | |
| **What progress has been made in the Prime Areas of the EYFS over the past year? (*record specific information from data you hold including EYFS levels to show progress e.g. Kent Progress Tracker)*** | | | | | | | | | | | | | | | |
|  | | **Communication & Language Development** | | | | | **Personal, Social & Emotional Development** | | | | | | **Physical Development** | | |
| **2019 – 2020** | | **Listening & attention** | | |  | | **Making relationships** | | |  | | | **Moving & Handling** |  | |
| **Understanding** | | |  | | **Self confidence** | | |  | | | **Health & self-care** |  | |
| **Speaking** | | |  | | **Managing feelings** | | |  | | |
| **Current Level** | | **Listening & attention** | | |  | | **Making relationships** | | |  | | | **Moving & handling** |  | |
| **Understanding** | | |  | | **Self confidence** | | |  | | | **Health & self-care** |  | |
| **Speaking** | | |  | | **Managing feelings** | | |  | | |
|  | | | | | | | | | | | | | | | |
| **Essential Documentation** | | | | | | | | | | | | | | | |
| Please attach the fully completed Targeted or Personalised Plan | | | | | | | | **Targeted Plan** | | | | | **Yes / No** | | |
| **Personalised Plan** | | | | | **Yes / No** | | |
| **Please share any relevant information from the Healthy Child Programme “Two Year Review”** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Any other essential information (including details if child was born prematurely)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | **Role** |  | | | |
| **Signature** |  | | | | | | | | | | **Date** |  | | | |
| **Email address** |  | | | | | | | | | | **Phone number** |  | | | |
| **Name and role of person attending meeting [if different]** | | | | | |  | | | | | | | | | |

**Note:** If a child is attending a childminder or other setting information needs to be gathered from them prior to attending the LIFT meeting.

**Please attach;**

* **Targeted / Personalised Plan**
* **Parental views on the Agreement to engage form (Pci2)**
* **Parent/Carer agreement for the setting to engage with Early Years LIFT form (Pci2)**
* **Healthy Child Programme “Two Year Review” (Health)**
* **EYFS Progress Check at Two (Education)**
* **Equality & Inclusion Note of Visit**
* **Other evidence as required by your district e.g. Best Practice Guidance Audit tools.**

Please send, by registered post, to your STLS District Lead in advance of the meeting as specified by your district.