

EARLY YEARS FOUNDATION STAGE Assessment Form



Child's Name:

D.O.B:

Is child secure in 3 prime areas? (working in 3-4 yr)

CL PSE PD

Difficulties identified where child is not secure in 3 prime areas

CL

PSE

PD

What strategies have been working well?
In setting?

At home?

If applicable-how have you used additional funding to support the child?

What has been the impact?

Other professionals involved?

Discussion with QD/CDC Team. Recommendations /suggestions, actions

Areas in which child is progressing well and strengths.

Key person:

Parent/carer:

Date:

Transition to school

What I might need help with to settle in?

What I might need ongoing support with?

What strategies/additional support might be needed?

My likes/dislikes?

Outcome of transition meeting/discussion with school:

Key person:

School:

Other professionals and service:

Date: