

**EARLY YEARS FOUNDATION STAGE
RECORD OF TRANSFER**

Name of child:		Date of birth:	
Address:		M / F	
Name and address of setting/s attending:	Date of entry:	Date of leaving:	Attendance: <i>Regular/Irregular</i>
	Name and address of next setting:		
Additional personal information:			
<p>Does the child have a medical condition? YES/NO If yes, please state what this is.</p> <p>Daily medication: YES/NO If yes, please briefly state what this is.</p> <p>Allergies: YES/NO If yes, please state what allergies these are.</p> <p>Does the child have an Epipen? YES/NO</p> <p>Special Dietary Requirements: YES/NO What are they?</p>			
<p>Language(s) used at home:</p> <p>How has the child been supported within the setting?</p>			
<p>Does the child have special educational needs? YES/NO If yes, please provide additional information</p> <p>Does the child have an allocated Officer from the Child Development Centre?</p>			

Are there any other professionals involved? If yes, please provide/attach additional information and reports)

Any other important information:

Key Person comments: Include a narrative of how the child learns (describe their characteristics of effective learning)

Print name:

Signature:

Date:

Child's Voice:

Parent/carer comment/contribution:

Has your child been in receipt of two-year old funding? Yes / No
Has your child been in receipt of EYPP funding? Yes / No
Is your child a 'child looked after' (CLA)? Yes / No
Has there been Additional/DAF/EHCP funding? Yes / No

Name (please print):

Signature:

Date:

I give permission for this Record of Transfer to be sent onto the next setting my child attends.