



Stick photo here

Full name:

I like to be called:

Gender:

My birthday is:

Start date:

Parent/carer consent to share this document
with other settings at transition times

Yes

☐

No

☐


Before I was born

My mum's pregnancy/delivery:

I was born at

weeks



When I was a tiny baby

I was fed on:

I have had all my vaccinations: Yes

☐

No

☐



My home life

This is who lives with me:



Other special people in my life:

My home language is:



My culture

My ethnicity is:

My culture and religion:

Special times for my family are:

Information I would like to share with you and my friends in the setting about my culture:



Food and drink

I am months old

The milk I drink now is:

☐

breast milk

☐

formula milk

☐

cow's milk

☐

other

I like my milk to be:

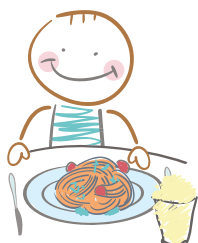
☐

cold

☐

warm

Amount and frequency I drink milk



I have milk via: ☐ nasogastric tube ☐ gastrostomy ☐ bottle
☐ cup ☐ breast

- ☐ I drink milk and I am beginning to eat some food
☐ I mostly eat puree or mashed food with milk
☐ I am eating finger foods and drinking some milk/water
☐ I eat the same food as the rest of my family and I drink milk

other

My favourite foods are:



- ☐ I do not take food orally
☐ Someone always feeds me as I need some help with my food because:

When I eat I usually use:

- ☐ I am an independent feeder

When I'm at home I sit and eat my meals with my family:

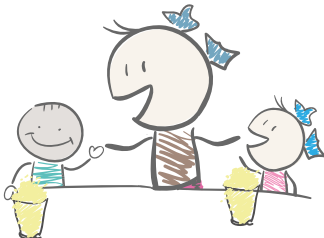
- ☐ in my therapy chair
☐ lying down for gravity feeds
☐ in a high chair
☐ sitting by myself, e.g. at my own table
☐ sitting at a dining room table

other

- ☐ I brush my teeth at home on my own ☐ with help
☐ I can brush my teeth in the setting

My favourite drinks are:

- ☐ I use a cup feeder ☐ open cup ☐ doidy cup
☐ tube feed ☐ sports style bottle



Special dietary needs



Foods I am not allowed to eat

Because

Sleeping



At the moment:

☐

I like to sleep in the morning

☐

afternoon

or

I like to sleep for:

(length of time)

I like to be comforted with:

Whilst going to sleep I like someone to:

When I wake up I like:

My parent/carer would like me to sleep:

☐

in a cot

☐

on a sleep mattress

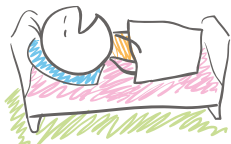
☐

in a cosy basket

☐

in my pushchair provided by wheelchair services

other



I will have my own bedding for the week.

☐ Yes

☐ No

I will use the nursery bedding.

☐ Yes

☐ No

I may need to have SATs levels monitored.

☐ Yes

☐ No

I may need oxygen when I sleep.

☐ Yes

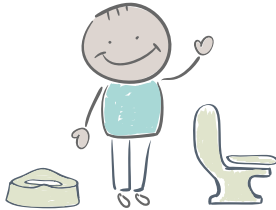
☐ No

I am observed and checked every ten minutes.

☐ Yes

☐ No

This is recorded on the sleep chart.



Toileting

At the moment I am:

☐ in nappies

☐ able to have cream applied at every nappy change / as needed

any other details



☐ beginning to be toilet trained

☐ using a potty

☐ using a toilet

☐ toilet trained

☐ I need help to manage my clothes when going to the toilet

☐ I am able to manage my clothes when going to the toilet

☐ I need help to wash my hands

☐ I can wash my hands myself

Unfortunately we are unable to sluice, rinse or wash any soiled clothing.

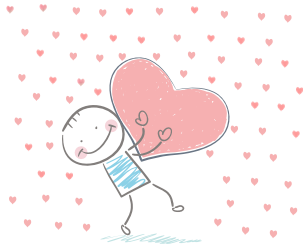
I would like the setting to:

☐ put soiled clothes in a nappy bag and I will take them home

☐ throw them away

Parent's initials:

Date:



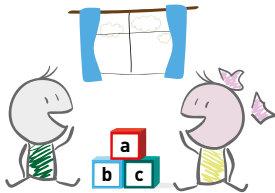
Things I like/dislike

My favourite rhymes/songs are:



My favourite book/story is:

My favourite things to play with are:



My favourite place to play inside is:



My favourite place to play outside is:



Things that make me happy are:



Things that make me feel sad are:

I have special names for things/people, they are:



I make myself understood by using:

- ☐ gesture ☐ crying ☐ simple words ☐ sentences
☐ signing ☐ PECS (picture exchange communication system)
☐ other

Give some examples

Languages I speak

Is English an additional language? Yes

☐

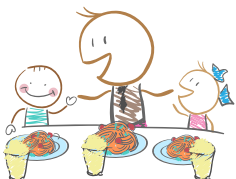
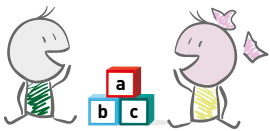
No

☐

Languages spoke at home are:

Language spoken at home	By whom
<input type="text"/>	<input type="text"/>

English isn't my first language. You can help me settle in by using some phrases I can understand like:



Mummy/ Daddy:

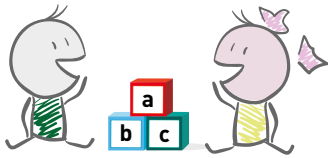
Coming soon:

Play:

Toilet/nappy:

Eat/drink:

Sleep:



Learning and Development

I smiled when I was about

I rolled over independently/with support when I was about

I was sitting independently/with support when I was about



I started to point for things with my finger/eye when I was

I started to crawl when I was

I started cruising around furniture when I was

I started walking when I was

I said my first word when I was



Has your child had their two year old development check with the health visitor?

Yes ☐ No ☐

Has your child had a WellComm Communication Assessment?

Yes ☐ No ☐

What was the outcome?

We are aiming to improve the development and skills of all the children in our setting. I am happy for my child's development to be monitored in the setting and shared with the Starting Life Well Service. This will include monitoring using the EYFS and WellComm tool:

Yes ☐ No ☐

I am happy for the staff including the Starting Life Well Service to liaise with other professionals my child may have been referred to.

Yes ☐ No ☐

Discussion with parents/ carers to ascertain child's on entry developmental stage

Prime areas	Refer to the correct page, according to the child's age in the 'What to Expect When?' document (e.g. page 8 for a 12 month old child) and use relevant key points to prompt discussion.	Stage of development to be recorded on the child's EYFS Tracker
Personal, social and emotional	Making relationships	
	Self-confidence and self awareness	
	Managing feelings and behaviour	
Physical	Moving and handling	
	Health and self-care	
Communication and language	Listening and attention	
	Understanding	
	Speaking	



Things I like to do at home are:



Health needs and professionals who know me

Professionals	Names and contact details including telephone numbers
Health visitor	
GP	
Social worker	
Paediatrician	
Other specialist (please indicate) eg Physiotherapist	
Early support	
Portage	
Audiologist	
Psychologist	
Speech and language therapist	
Advisory team for sensory impairment	

(CDF) Discussed at Child Development Forum. My lead professional is:	
Does your child have a CAF? (Common Assessment Framework)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have an identified SEN (Special Educational Need)? If so what level of SEN support?	Yes <input type="checkbox"/> No <input type="checkbox"/> EYU (Early Years Universal) <input type="checkbox"/> EYE (Early Years Extra Support) <input type="checkbox"/> EYI (Early Years Individualised Support) <input type="checkbox"/>
Does your child have a Medical Care Plan or need one to be developed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do we need to put a Personal Evacuation Plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have or use any specialist equipment or resources? eg. glasses, hearing aids etc	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other relevant information Diagnosis? <ul style="list-style-type: none"> time in hospital medication allergies 	
Things we would like you to know about our child so we don't have to repeat it every time we meet someone new	
Therapy and play activities	This is how and when these things can be done

..



Medical emergencies

Please contact:	Emergency contact telephone number/s	Emergency contact relationship
1.		
2.		
3.		

This is what to do if there is an emergency:

In order to best support all the children in our setting we have a designated SENCo (Special Needs Co-ordinator) and Communication Champion who will routinely liaise with any professionals involved with your child.

You will always be informed beforehand of any new contact or discussions held about your child.

Please sign below to indicate that you understand and give consent to share information with other Local Authority and health professionals:

Parent/carer signature:

Date:

will usually bring/collect me from the Nursery

These are the other people who may also bring and/or collect me from the setting.

Name	Relationship	Contact details