|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child’s Details** | | | | | | |
| **Name of child** |  | | | **D.O.B** |  | |
| **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** |

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| **What are the identified needs of the child?**  **(please give a brief summary of child’s needs and a medical diagnosis if given)** |
|  |
| **As part of the graduated approach it is expected that you will have contacted your Early Years and Childcare Equality & Inclusion or Childminding Advisor for general advice and strategies**  **What advice did they give and what has been the impact? (please attach the Note of Visit)** |
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| **Where we are at now:**  What are the key challenges/ barriers for the child and/or staff working with them? | | | | | |
| **Challenges/ barriers** **for the child:**  **Challenges/ barriers for the staff:** | | | | | |
| **Where we want to be:**  What is the change for the child and/or staff working with them you wish to achieve? | | | | | |
| **We would like the child to be able to:**  **We would like our staff to be able to:** | | | | | |
| **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 |  |
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| **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)** | | | | | | | |
|  | | | | | | | |

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| --- | --- | --- | --- | --- |
| **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;**

|  |  |
| --- | --- |
| **Evidence provided – Please tick all enclosed** | |
|  | 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 provide details of other documents enclosed below) |
|  |  |

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