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| **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;**

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| **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.