

**All About Me**

Name: Photograph

DOB: Age (In Months)

Child’s first language: Languages known to me:

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| --- |
| Important People in my Life: |

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| Great things about me: |

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| What is important to me: |

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| COEL (Characteristics of Effective Learning) What you need to know to support me to learn and develop: |

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| My home life: |

**Personal, Social & Emotional Development**

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| Self Confidence & Self Awareness | Managing Feelings & Behaviour | Making Relationships |
|  |  |  |
| Developmental Stages –months

|  |  |  |  |
| --- | --- | --- | --- |
| 16-26 | 22-36 | 30-50 | 40-0+ |

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| --- | --- | --- | --- |
| 16-26 | 22-36 | 30-50 | 40-60+ |

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| --- | --- | --- | --- |
| 16-26 | 22-36 | 30-50 | 40-60+ |

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**Communication & Language**

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| --- | --- | --- |
| Listening & Attention | Understanding | Speaking |
|  |  |  |
| Developmental Stages –months

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| --- | --- | --- | --- |
| 16-26 | 22-36 | 30-50 | 40-60+ |

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| --- | --- | --- | --- |
| 16-26 | 22-36 | 30-50 | 40-60+ |

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| 16-26 | 22-36 | 30-50 | 40-60+ |

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**Physical Development**

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| Moving & Handling | Health & Self-care |
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| Developmental Stages –months

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| --- | --- | --- | --- |
| 16-26 | 22-36 | 30-50 | 40-60+ |

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| --- | --- | --- | --- |
| 16-26 | 22-36 | 30-50 | 40-60+ |

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| **Highlights of Specific Areas** |

**Additional Information:**

Early Years Provider: Contact Details:

Number of sessions/hours attended: Attendance: High / Average/ Low

Date Started setting: Date Finished setting:

2 Year Integrated Review Completed: Yes / No 2 Year Old Funding: Yes / No Early Years Pupil Premium: Yes / No

SEND Support: Yes / No In receipt of Additional Funding: Yes / No Level: Medium / High EHCP in process: Yes / No

Any professionals or agencies supporting the family: Yes / No

If yes give details of previous and current support.

**I am happy for this information to be shared in order to ease transition to my next place of learning.**

Signature Parents Print Name Date

Signature of Key Person Print name Date

Manager Print Name Date