**Early Years Foundation Stage Child’s Individual Requirements**

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| **Please include this page for any child with specific requirements unless information has previously been sent to school e.g. Education Health and Care Plan (EHC), specialist transition documents.** |

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| Name of child:  Date of birth: |

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| Health Requirements:  Allergies or dietary requirements: |

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| **Primary Area of Need –** please identify as appropriate   * Communication and interaction needs * Cognition and learning needs * Social, emotional and mental health needs * Sensory * Physical development needs * Medical needs * Any other need – please detail any health   and/or care needs including any diagnosis already in place. |

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| Name of SENCO in setting:    Name of Key Person: |

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| **Please attach any relevant information that will support the child’s inclusion in school e.g. One Page Profile/Pupil Passport, Individual Learning and Development Plans, evidence of SMART outcomes and strategies that have been set and reviewed, details of adaptations or Care Plans that may be required.**  SEN Support / In receipt of Early Years Inclusion funding - **(circle as appropriate)**  Currently at cycle **\_\_\_\_\_** of Assess, Plan, Do, Review  Is the child known to Social Care Yes/No  Does the child have an Early Help Story So Far/ Child Protection or Child in Need Plan Yes / No    If yes, please provide the name of the Lead Professional:  Date Early Help Family Support Plan/ Child Protection or Child in Need Plan initiated:  If no, has the child previously had a Early Help Story So Far/ Child Protection or Child in Need Plan? Yes/No  If yes, please provide the name of the Lead Professional and date closed:  Is the child Looked After by a Local Authority? (LAC) Yes / No - (circle as appropriate)  ‘*A child or young person who is 'looked after' will have been taken into the care of the council through a court order or with the voluntary agreement of their parent(s). They may be looked after in a children's home, by foster carers, within their birth families or other family members.’* |

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| **Other known professionals involved** | **Name** | **Contact number** |
| GP |  |  |
| Paediatrician |  |  |
| Health Visitor |  |  |
| Speech and Language Therapist |  |  |
| Portage |  |  |
| Physiotherapist |  |  |
| Dietician |  |  |
| Social Worker |  |  |
| Educational Psychologist |  |  |
| Early Help Worker |  |  |
| Occupational Therapist |  |  |
| Specialist Health Visitor |  |  |
| Additional Needs Team |  |  |
| Sensory Needs Team |  |  |
| Other: |  |  |

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| Parent / Carer’s signature: Date:  Key Person’s signature: Date:  Manager’s signature: Date: | |
| Checklist of documents ( tick if included) | |
| Individual Learning & Development Plan (ILDP) |  |
| One Page Profile/Pupil Passport |  |
| Education, Health & Care Plan (EHC) |  |
| Care Plan |  |
| Early Help Story So Far/ Child Protection or Child in Need Plan |  |
| Support Plan |  |
| Relevant reports from other agencies including  all reports from the Child Development Centre.  (CDC) |  |