**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, ReviewIs 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/NoIf 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 includingall reports from the Child Development Centre.(CDC) |  |