**File Transfer Record and Receipt – Parts 1 and 2**

**Part 1: To be completed by the transferring Early Years Provider or School/ Academy/Provider and to be retained by the receiving organisation**

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| Information Sharing Transfer Record - handover | | |
| Name of child: |  | |
| DOB: |  | |
| Name of organisation sending Information | . | |
| Address of organisation  sending Information |  | |
| Method of delivery  (by hand, secure post or electronically) |  | |
| List of files transferred | ***Please initial if included and write N/A if there is no record*** | |
| Learner Information form |  |
| Learner Passport Learning journal |  |
| CPOMS/Child Protection files / Green Forms |  |
| Early Help (EH) pathway |  |
| SEN Individual Education Plan (IEP) and Reviews  Educational Psychologist (EP) reports  IDS 0-5 Team assessments |  |
| Attendance records |  |
| Behaviour/ Reward Log |  |
| Wider Assessment records |  |
| Other – please outline |  |
| Date file is exchanged: |  | |
| Name of practitioner transferring the information: |  | |
| Name of person information is transferred to: |  | |
| Signature of person taking receipt of file: | *an ‘electronic signature’ is acceptable* | |

**Transferring Organisation: If you are including Child Protection Information** Please also ensure that the child protection file is passed to the **Designated Safeguarding Lead** at the receiving organisation, using a secure method of delivery with Part 1 of this form completed.

**PART 2: To be completed by receiving Early Years Provider or School/Academy/Provider and to be handed to the transferring organisation to be held on file**

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| Information Sharing Transfer Record – receiver | | |
| Name of organisation receiving information. | . | |
| Address of organisation  receiving Information |  | |
| Method of delivery (by hand, secure post or electronically) |  | |
| Confirmation of the information received. | Please initial if received, write N/A if there is no record / nothing is received. | |
| Learner Information form |  |
| Learner Passport Learning journal |  |
| CPOMS/Child Protection files / Green Forms |  |
| Early Help (EH) pathway |  |
| SEN Individual Education Plan (IEP) and Reviews  Educational Psychologist (EP) reports  IDS 0-5 Team assessments |  |
| Attendance records |  |
| Behaviour/ Reward Log |  |
| Wider Assessment records |  |
| Other – please outline |  |
| Date information received: |  | |
| Name of practitioner handing over the information: |  | |
| Name of person the information is transferred to at the receiving organisation: |  | |
| Signature of person taking receipt of information: | *an ‘electronic signature’ is acceptable* | |