**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**

|  |
| --- |
| Information Sharing Transfer Record - handover |
| Name of child:  |   |
| DOB:  |   |
| Name of organisation sending Information  |  . |
| Address of organisationsending 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 ReviewsEducational Psychologist (EP) reportsIDS 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**

|  |
| --- |
| Information Sharing Transfer Record – receiver |
| Name of organisation receiving information. |  . |
| Address of organisationreceiving 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 ReviewsEducational Psychologist (EP) reportsIDS 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* |