**Warwickshire Early Years Learner Information Form (LIF)**

**Please complete, sign and transfer to the new provider**

|  |  |  |
| --- | --- | --- |
| Early Years Provider (EYP) name and contact details: | Early Years Provider (EYP) Address: | LIF Completed by (Key Person) |
| Name:Position:Contacts:  |  | Name:Signature:Date: |
| Second Early Years Provider (if applicable) | Second EY Provider Address | Historic previous providers? please list |
| Name:Position:Contacts: |  |  |
| Child Details |
| Childs Full Name | Childs date of birth | Male / Female |
|  |  |  |
| Child is known as: | Childs Home Address | Any other address of residence |
|  |  |  |
| Childs age in months when LIF is completed | % attendance to date at Early Years Provider completing LIF | Safeguarding Please Tick if relevant |
|  |  | Child Looked After: Y/N / historicChild Protection Plan: Y/N / historicChild In Need Plan: Y/N / historicEarly Help Assessment: Y/N / historic | Family support: Y/N / historicLow level concern: Y/N/ historic |
| Please indicate those with parental responsibility and which adults care for the child | UPN if available | Belonging Local Authority e.g. Warwickshire |
|  |  |  |
| Pattern of attendance *Please circle or highlight* | Date of admission to provider |
| Hours a week: Term Time or Full Year M / T / W / T / F |  |
| Languages spoken by the child: | Languages spoken at home: |
|  |  |
| Emergency Contacts: *Name, relationship to child and contact details* | Ethnicity | Religion |
| 1) | 2) |  |  |
| Accessed:  |
| Early Years Pupil Premium: yes / no  | Disability Access Fund: yes / no  | 2Help Funding: yes / no |
| Special Educational Needs and Disabilities Support | Other Specialists |
| What stage? Please circle* In setting support
* IDS birth to five team(*please attach most recent IIP*)
* EHCP referral or in place (*please attach the plan or referral)*
* SEND support / referral declined YES / NO / N/A
* Is there a Speech, Language or Communication Need ? *(please highlight)* Yes – referral needs to be made, referral made, support in place
 | Please outline below any other specialists supporting the child / family & their contact details, e.g. health visitor. |
| Health Visitor | 2 year progress check completed |
| Name / Contact: | Yes | No | Not Applicable |
| What is the new setting / school?*If not known please indicate why - e.g. moving to a new house – no new setting chosen / parents declined to share information* | Has a ‘child missing in early education form’ ever been submitted? |
|  |  |
| Any additional comments to support this Learner Information Form that is relevant to the child’s lived experiences  |
| Confidential child protection – available upon transfer or request: YES / NOOther information |

**My Learning and Development: YOU MAY SUBSTITUTE THIS SECTION FOR YOUR OWN ASSESSMENT OVERVIEW**

 ***EXAMPLE***

[This Photo](https://en.wikipedia.org/wiki/File%3AScissors_icon_black.svg) by Unknown Author is licensed under [CC BY-SA](https://creativecommons.org/licenses/by-sa/3.0/)

|  |  |  |
| --- | --- | --- |
| **Childs name:** | **Age in Months:** | **Key Person:**  |
| **In relation to chronological age & developmental milestones is the child** | **My Interests, Strengths & Areas for Development** |
| ***Prime Areas of Learning*** |
| **Personal Social and Emotional Development** | **On track**  | **Not on track** |  |
| Self-regulation |  |  |  |
| Managing Self |  |  |  |
| Building relationships |  |  |  |
| **Communication and Language** |  |
| Listening, attention & Understanding |  |  |  |
| Speaking |  |  |  |
| **Physical Development** |  |
| Gross Motor |  |  |  |
| Fine Motor |  |  |  |
| **Literacy** | ***Specific Areas of Learning*** |
| Comprehension |  |  |  |
| Word Reading |  |  |  |
| Writing |  |  |  |
| **Mathematics** |  |
| Number |  |  |  |
| Numerical Patterns |  |  |  |
| **Understanding the World** |  |
| Past and Present |  |  |  |
| People, Culture, Communities |  |  |  |
| The Natural World |  |  |  |
| **Expressive Arts and Design** |  |  |
| Creating with materials |  |  |  |
| Being imaginative and Expressive |  |  |  |

*Please make a ‘best fit’ judgment about the child’s attainment (what they know understand and can do) at the time of completing this form. In relation to their age in months, are they ‘on track’ to reach the appropriate developmental milestones for their age range; or are they ‘not on track’ and require further support? If you only assess against the 7 areas of learning provide information about these.*

***Example:***

|  |  |  |  |
| --- | --- | --- | --- |
| Personal Social and Emotional Development | On track  | Not on track | Date June 22nd, 2021: Charlie is 46 months old – he has an August birthday and is transferring to reception in September |
| Self-regulation |  | **X** | *Charlie is not yet meeting the milestones in our curriculum for 3- and 4-year olds. He becomes tearful on occasion, and struggles if he does not win a game, or is chosen to complete a task. He responds well to additional adult support when he is distressed.* |
| Managing Self | **X** |  | *Charlie is very independent and can access resources and areas of the learning environment independently. His skills are well within the 3- 4 yr age range* |
| Building relationships | **X** |  | *Charlie is friendly and outgoing; he plays well with other children most of the time and has positive relationships with adults. Charlie’s development and skills are in line with his chronological age. He is beginning to collaborate and negotiate with others* |

**Characteristics of Effective Learning**: *Use professional knowledge alongside reflection with parents & practitioners to determine a ‘best fit’ judgement for the child*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Playing & Exploring:  | 1 = not seen / no | 2 = occasionally  | 3 = often  | 4 = with confidence  |
| Finding out and exploring: *Is the child interested in exploring their world using their senses?*  |  |  |  |  |
| Playing with what they know: *Are experiences from their life reflected in their learning/play* |  |  |  |  |
| Being willing to ‘have a go’: *Are they willing to have a go at new experiences and challenges?*  |  |  |  |  |
| Active learning – Motivation  |  |  |  |  |
| Being involved and concentrating: *Do they show sustained focus in their learning/play?* |  |  |  |  |
| Keeping on trying: *Do they persist when things become difficult?* |  |  |  |  |
| Enjoying achieving what they set out to do: *Do they show pride and satisfaction?* |  |  |  |  |
| Creativity and thinking critically – Thinking skills |  |  |  |  |
| Having their own ideas: *Are they innovative in their learning/play and have their own ideas?* |  |  |  |  |
| Making links: *Do they make links in their learning/play?* |  |  |  |  |
| Choosing ways to do things: *Do they plan, review and adapt their learning/play?* |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| My Emotional well-being | 1 = not seen / no | 2 = occasionally  | 3 = often  | 4 = with confidence  |
| Showing emotional literacy - *Can they express emotions and read emotions in others ?* |  |  |  |  |
| Connected to others - *Do they exhibit a sense of belonging and attachment to familiar children, adults in their own community?* |  |  |  |  |
| Positive sense of self - *Do they demonstrate positive self-esteem & a sense of their own identity?*  |  |  |  |  |

|  |  |
| --- | --- |
| What am I interested in ?  |   |
| What comforts me when I am upset ?  |  |

|  |
| --- |
|  **I can confirm that I am the person who has completed this form and I can confirm that the information contained in this form has been discussed with the parent / carer**. *Electronic signature is acceptable* |
| **Name:** | **Position:** | **Date:** |