

Early Identification Assessment Summary

Child's name		Date of birth		Age in months		Date started in setting	
Name of key person		Provider				Date of completion	
My strengths:				Things I find tricky:			
Practitioners' summary of the prime areas of learning (please provide a summary of what the child can do in all areas)							
Communication and Language							
Is the child's development at age related expectations Yes / Further support required				Areas for support:			
Personal, Social and Emotional Development							
Is the child's development at age related expectations Yes / Further support required				Areas for support:			
Physical Development							
Is the child's development at age related expectations Yes / Further support required				Areas for support:			
Please provide an overview of the child's learning and development in the specific areas and in relation to the characteristics of learning							
Plan of support in setting:			Things you can do to support at home:				
<p>My child's assessment has been discussed with me. I understand that a copy of this assessment has been retained securely within my child's EYFS record of progress and that a copy will be shared with and may be stored by North Lincolnshire Council in line with GDPR requirements outlined in the Early Years, Early Education, SEND and Statutory Assessments privacy notice. A copy may be forwarded to my child's health visiting team.</p> <p>I am happy for information contained in this assessment to be used to support my child's learning and development (including an outcome plan as part of the Graduated Approach) and to be shared with other professionals for example specialist support services, early years provision, family support and other health services, to support my child's health, learning and development as part of the North Lincolnshire 'One Family Approach'. Agreed by:</p>							
Name of parent / carer				Signature			Date
Name of practitioner		Role		Signature			Date