

North Lincolnshire Integrated 2-year-old assessment summary (EYFS)

Provider name:

Admission date:

Funded 2-year-old : Yes/No

Hour attended per week at date of assessment:

Attendance %:

Child's name:

Child's address:

Postcode:

Date of birth (age in months at time of assessment):

Date of assessment:

Virtual/physical (please state):

Involvement with other agencies? (e.g. Children's Centres, SaLT, Portage, HV / CNN support - please state)

NHS number:

EAL Yes/No (Please tick yes if the child is exposed to a language other than English at home)

If EAL, what language is the child exposed to at home?

Preferred Language:

Personal, Social & Emotional Development:

Expected stage of development: Yes / No - provide additional support (please circle)

Communication and Language Development:

Expected stage of development: Yes / No - provide additional support (please circle)

Physical Development:

Expected stage of development: Yes / No - provide additional support (please circle)

Child's Name:

Specific areas: (e.g. related to the how the child learns or the specific areas of learning – literacy, mathematics, understanding the world, expressive art and design)

Characteristics effective learning:

Capturing the child's voice:

Here are some things that I am good at:

Here are some things that I like to do:

Next steps to support learning are:

At the provider / childminder:

At home: (to be completed in discussion with key person)

Is the child's development generally as expected for their age? (Please tick)

- Yes
- More support required – targeted preventative
- More support required – targeted
- More support required - refer to triage / refer to speech and language therapy Specialist services already involved - please identify:

Follow up required: Yes / No

Parent's/carer's comments:

My child's EYFS assessment has been discussed with me and I have been given a copy of this.

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 stored by North Lincolnshire Council in line with GDPR requirements outlined in the Early Years, Early Education, SEND and Statutory Assessments privacy notice and forwarded to my child's health visiting team.

I am happy for information contained in this assessment 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'.

Parent's signature (with parental responsibility*):

(If this is completed electronically please ask the parent / carer to provide a short email to you copying and pasting their agreement to the above statement. This should then be emailed (with parent's email address removed) to the early years team along with this form).

*Please note that for looked after children (LAC) PR may vary—please discuss with the child's social worker.

Name of Key persons name completing the summary:

Key person signature:

Date:

Managers signature:

Date

Has the parent/carer received a copy of EYFS integrated 2-year-old assessment? (please tick to confirm)

Has the provider received a copy of the ASQ and ELIM (please tick to confirm)