

Warwickshire Early Years Learner Information Form (LIF)

Please complete, sign and transfer to the new provider.

Child and setting information			
Childs name:	DOB:		
Setting Name:	Setting Contact Details:		
	Email:		
	Tel:		
Key Person:	Name and role of the practitioner completing this form:		
Sessions currently attended:	Start date at the setting:		
Getting to know me.			
What am I interested in?			
What comforts me when I am upset?			
What do I like?			
What do I dislike?			
What sooths and calms me?			
Additional information.			
Does the child have English as an Additional Language?	Yes:	No:	<i>Please provide any further information here</i>
Childs cultural background.			
Does the child have any medical needs or allergies?	Yes:	No:	<i>Please provide any further information here</i>
Is the child toilet trained?	Yes:	No:	<i>Please provide any further information here</i>
Special Educational Needs and Disabilities support			
What stage? Please circle or Highlight. •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 is in place.	<i>Please provide any further information here and please outline below any other Specialists supporting the child / family & their contact details, e.g., Health Visitor.</i>		
Safeguarding			
Have there been any safeguarding concerns (please include past and present.)	Yes:	No:	<i>Please do not provide any further information here and pass on any safeguarding information onto the schools DSL in a sealed envelope and a signed record and receipt transfer form must be completed. If transferring via email a secure email must be used.</i>

Other professions involved with the family or child (Please provide name and contact details)			
Speech and Language (SALT)			
IDS Preschool Team			
Health Visitor			
Family Support Worker			
Social Worker			
EP			
Other			
Assessment			
Prime and Specific Areas of Learning	Working towards	Expected for age	Please provide further information if needed here.
Listening and Attention.			
Speaking.			
Self-regulation.			
Managing Self.			
Building Relationships.			
Gross Motor.			
Fine Motor.			
Reading			
Writing			
Number			
Numerical Patterns			
Past & Present			
People, Culture & Communities			
The Natural World			
Creating with Materials			
Being Imaginative & Expressive			
Date learning information form as been completed:	Completed by:		Signature:
Date learning information form has been shared with School:	Shared with:		Signature:

Produced in partnership with Consortium 9 (Warwick / Southam)

