

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 organisation sending Information		
Method of delivery (by hand, secure post or electronically)		
List of files transferred	<i>Please initial if included and write N/A if there is no record</i>	
	Learner Information form	
	Learner Passport Learning journal	
	CPOMS/Child Protection files / Green Forms	
	Early Help (EH) pathway	
	SEN Individual Education Plan (IEP) and Reviews	
	Educational Psychologist (EP) reports	
	IDS 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 organisation receiving 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 Reviews	
	Educational Psychologist (EP) reports	
	IDS 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:	<i>an 'electronic signature' is acceptable</i>	