

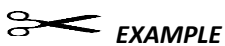
Warwickshire Early Years Learner Information Form (LIF)

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:		Name:	
Position:		Signature:	
Contacts:		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 / historic Child Protection Plan: Y/N / historic Child In Need Plan: Y/N / historic Early Help Assessment: Y/N / historic	Family support: Y/N / historic Low 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	<i>Please circle or highlight</i>		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: <i>Name, relationship to child and contact details</i>	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 (<i>please attach most recent IIP</i>) • EHCP referral or in place (<i>please attach the plan or referral</i>) • SEND support / referral declined YES / NO / N/A • Is there a Speech, Language or Communication Need ? (<i>Please highlight</i>) 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? <i>If not known please indicate why - e.g. moving to a new house – no new setting chosen / parents declined to share information</i>		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 / NO Other information			

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



Child's 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.

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: <i>Is the child interested in exploring their world using their senses?</i>				
Playing with what they know: <i>Are experiences from their life reflected in their learning/play</i>				
Being willing to 'have a go': <i>Are they willing to have a go at new experiences and challenges?</i>				
Active learning – Motivation				
Being involved and concentrating: <i>Do they show sustained focus in their learning/play?</i>				
Keeping on trying: <i>Do they persist when things become difficult?</i>				
Enjoying achieving what they set out to do: <i>Do they show pride and satisfaction?</i>				
Creativity and thinking critically – Thinking skills				
Having their own ideas: <i>Are they innovative in their learning/play and have their own ideas?</i>				
Making links: <i>Do they make links in their learning/play?</i>				
Choosing ways to do things: <i>Do they plan, review and adapt their learning/play?</i>				

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

More About Me	
What am I interested in ?	
What comforts me when I am upset ?	

<p>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. <i>Electronic signature is acceptable</i></p>		
Name:	Position:	Date: