My unique progress/transition



Name of setting and contact det	ails:			
Child's Name:	Male/Female	Date of Birth:	Age in months	Ethnicity
Number of hours per week:	Attendance	e: Regular/Irregular Att	tend another setting (inc	childminder): Yes/No
This progress record can be con transition including transition to	•	assessment points thro	oughout a child's EYFS jou	urney and shared at any
Please note this progress recor	d should only be shar	ed with the parents'/ca	rers' permission	
Unique information from the kee Useful comments about the chithe curriculum:	•	where he/she likes to l	earn, strengths and ident	ified areas to develop across
Unique information from the personal Parents/Carers - Please use the like to share as your child move	space below for your	r comments about your	child's progress and any	other information you would

The grid below shows the age/stage bands from Development Matters that we are currently using to inform our planning, in response to our ongoing observation led assessment and knowledge of the child. FIG 6(40-60)months) 5 (30-50) 4 (22-36) 3 (16-26) 2 (8-20) 1 (0-11) Areas/ Listening and attention aspects of handling Making relationships media and materials pment self-care -awareness ploring and using learning feelings and Being imaginative elf-confidence lanaging feelir Ind behaviour nderstanding evelo Shape, space communities oving and **Fechnology** and People and world measures Speaking Numbers Reading Ō self Writing ealth of and The S and Φ \bigcirc Sta Literacy Communication Physical **Mathematics** Understanding the world **Expressive arts** emotional development and language development and design Please complete ($\sqrt{}$) only if this applies: Sensory and/or physical needs Broad areas of need and support: Communication and interaction Cognition and learning | Social, emotional and mental health | visual hearing physical multi-sensory Child supported through a graduated approach | Targeted plan in place | Personalised plan in place | Education Health and Care (EHC) Plan Current EHC Plan (attached) | Specialist Teacher: Speech & Language Therapist: Health / Medical Professional: | Care Plan | Child in Care Personal Education Plan (ePEP) in place EAL Kent Family Support Framework in place | Transition Meeting (arranged yes/no) | Parent/Carer signature: ______ Print Name: _____ Date: By signing this you are giving permission to share this document with the school/setting/other professionals

Key Person Signature: ______ Print Name:_____