**My unique progress/transition**

Name of setting and contact details: Child’s Name: Male/Female Date of Birth: Age in months Ethnicity Number of hours per week: Attendance: Regular/Irregular Attend another setting (inc childminder): Yes/No

This progress record can be completed at summative assessment points throughout a child’s EYFS journey and shared at any transition including transition to Reception class.

**Please note this progress record should only be shared with the parents’/carers’ permission**

**Unique information from the key person**

Useful comments about the child, including how and where he/she likes to learn, strengths and identified areas to develop across the curriculum:

**Unique information from the parents/carers**

Parents/Carers - Please use the space below for your comments about your child’s progress and any other information you would like to share as your child moves on:

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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (months) | ELG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 (40-60) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 (30-50) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 (22-36) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 (16-26) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 (8-20) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 (0-11) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stages of development | Areas/ aspects of learning | **Making relationships** | **Self-confidence****and self -awareness** | **Managing feelings and behaviour** | **Listening and attention** | **Understanding** | **Speaking** | **Moving and handling** | **Health and self-care** | **Reading** | **Writing** | **Numbers** | **Shape, space and measures** | **People and communities** | **The world** | **Technology** | **Exploring and using media and materials** | **Being imaginative** |
| **Personal, social and emotional development** | **Communication and language** | **Physical development** | **Literacy** | **Mathematics** | **Understanding the world** | **Expressive arts and design** |

**Please complete (**√**) only if this applies:**

Broad areas of need and support:

Communication and interaction Cognition and learning Social, emotional and mental health

Sensory and/or physical needs

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: