|  |  |  |
| --- | --- | --- |
|  | **Assessment Summary** | Title: Torbay Council logo |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Child (Surname): |  | | | | |
| First Name: |  | | | | |
| Date of Birth: |  | | Male: 🞏 Female: 🞏 | | |
| Child’s Home Address: |  | | | | |
| Name(s) of  Parent/Guardian: |  | | | | |
|  |  | | | | |
|  | Name of provision | Attendance dates | | | Sessions per week |
|  | From | | To |
| Early Years Setting |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
| Has pupil sensory impairment? | | | Yes 🞏 No 🞏 | | |
| If yes, please specify |  | | | | |
| Enter name of specialist advisory teacher you have consulted | | |  | | |
| Form completed by |  | | | | |
| Date |  | | | | |
|  |  | | | | |
| **CHILD’S FAMILY AND HOME** | | | | | |
|  | | | | | |
| **SEND OVERVIEW** | | | | | |
|  | | | | | |
| **COGNITION AND LEARNING** | | | | | |
| **EYFS – Characteristics of Effective Learning** | | | | | |
| **Playing and Exploring** | | | | | |
| **Active learning**  **Creating and Thinking Critically**  **Developmental Level in terms of Learning Ability, Pattern and Pace** | | | | | |
| **SOCIAL, EMOTIONAL & MENTAL HEALTH** | | | | | |
| **EYFS Personal, Social and Emotional Development**  **Self Regulation**  **Managing Self**  **Building Relationships** | | | | | |
| **COMMUNICATION & INTERACTION** | | | | | |
| **EYFS Communication and language**  **Listening, Attention & Understanding**  **Speaking** | | | | | |
| **Ability to relate to and communicate with adults and other children** | | | | | |
| **SENSORY AND/OR PHYSICAL** | | | | | |
| **EYFS Physical Development** | | | | | |
| **Gross Motor Skills**  **Fine Motor Skills** | | | | | |
| **Signature** | | | | | |
|  | | | **Date** | | |
| **CC File,** | | | | | |