|  |  |  |
| --- | --- | --- |
|  | **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,**  |