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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Details** | | | | | | | | |
| **Name of child** |  | | | | | **D.O.B** |  | |
| **House number** |  | | | | | **Town** |  | |
| **Street** |  | | | | | **Postcode** |  | |
| **Child in care** | **Yes / No** | | **EAL** | | **Yes / No** | **Forces family** | **Yes / No** | |
|  | | | | | | | | |
| **Parent / Carer details** | | | | | | | | |
| **Name** |  | | | | | **Phone number** |  | |
| **Email address** |  | | | | | | | |
|  | | | | | | | | |
| **Early Years Setting details** | | | | | | | | |
| **Setting name** |  | | | | | **Phone number** |  | |
| **Setting E-mail address** |  | | | | | **Contact name** |  | |
| **Date child started at the setting** |  | | | | | **URN** |  | |
| **Child’s primary school start date** | | | | | |  | | |
| **Is your setting part of a collaboration?** | | | | | | **Yes /No** | | |
|  | | | | | | | | |
| **Sessions attended & timings** | | | | | | | | |
| **Mon** | | **Tues** | | **Weds** | | **Thurs** | | **Fri** |
|  | |  | |  | |  | |  |
| **Is the child in receipt of Early Years Pupil Premium (EYPP)?** | | | | | | | | **Yes / No** |
| **If yes, how have you utilised the EYPP? (please give details below)** | | | | | | | | |
|  | | | | | | | | |
| **Is the child in receipt of Disability Access Fund (DAF)?** | | | | | | | | **Yes / No** |
| **If yes, how have you utilised the DAF (please give details below)** | | | | | | | | |
|  | | | | | | | | |
| **Is the child accessing the Free for Two entitlement?** | | | | | | | | **Yes / No** |

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| **What are the identified needs of the child?**  **(please give a brief summary of child’s needs and a medical diagnosis if given)** |
|  |
| **As part of the graduated approach it is expected that you will have contacted your Early Years and Childcare Equality & Inclusion or Childminding Advisor for general advice and strategies.**  **What advice did they give and what has been the impact? (please attach the Note of Visit)** |
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| **Where we are at now:**  What are the key challenges/ barriers for the child and/or staff working with them? | | | | | |
| **Challenges/ barriers** **for the child:**  **Challenges/ barriers for the staff:** | | | | | |
| **Where we want to be:**  What is the change for the child and/or staff working with them you wish to achieve? | | | | | |
| **We would like the child to be able to:**  **We would like our staff to be able to:** | | | | | |
| **Which agencies or professionals have already been accessed? (please tick applicable)** | | | | | |
| Social Care |  | Paediatrician |  | Educational Psychologist |  |
| Physiotherapist |  | Speech Therapist |  | Occupational Therapist |  |
| Early Help |  | Portage |  | NHS Children’s Care Coordination Team |  |
| Health Visitor |  | Children’s Centre |  | GP |  |
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| **Guidance:**  This is an outline of the child’s strengths and progress in the Early Years Foundation Stage (EYFS).  Using your professional judgement, knowledge of the child and assessment information from the Milestone Assessment Criteria, you can identify if the child is ‘on track’ for their expected level of development and journey towards the Early Learning Goals in each area of learning.  To make an assessment, looking at each Milestone Assessment sheet, you should look at the 12-month milestone the child is currently in, for example if a child is 18 months old the key person would go **back** to the nearest milestone checkpoint to the child’s current chronological age. If the child is not meeting that milestone the key person would continue back to the most appropriate checkpoint.  Complete the grid by writing Y (yes the child is meeting the milestones) at the appropriate point. Only one Y should be recorded in each of the columns/rows at each given assessment. The areas where the child is not meeting those milestones will indicate where additional support is required. Because of the crucial nature of the Prime Areas of Learning, we only require information about children’s progress in the Prime Areas. Of course, children’s interests and strengths in any of the specific areas should be part of the overall discussion. | | |
|  | | |
| **Please indicate the child’s current level of development.** (see Guidance above). | | |
| **Child’s current age in months:** |  |

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| **Milestones of Development** | **ELG** |  |  |  |  |  |  |  |
| 48 months |  |  |  |  |  |  |  |
| 36 months |  |  |  |  |  |  |  |
| 24 months |  |  |  |  |  |  |  |
| 12 months |  |  |  |  |  |  |  |
| 0-6 months |  |  |  |  |  |  |  |
| Areas of learning / ELGs | **Listening, Attention and**  **Understanding**  **Listening, Attention and**  **Understanding** | **Speaking** | **Self-Regulation** | **Managing Self** | **Building Relationships** | **Gross Motor Skills** | **Fine Motor Skills** |
| Communication and Language | | Personal, Social and Emotional Development | | | Physical Development | |
| **If you do not use the Milestone Assessment Toolkit please attach additional evidence of the child’s progress in relation to the prime areas of development.** | | | | | | | | |

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| **Essential Documentation** | | |
| Please attach the fully completed Targeted or Personalised Plan | **Targeted Plan** | **Yes / No** |
| **Personalised Plan** | **Yes / No** |

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| **Please share any relevant information from the Healthy Child Programme “Two Year Review”** | | | | |
|  | | | | |
| **Any other essential information (including details if child was born prematurely)** | | | | |
|  | | | | |
| **Name** |  | | **Role** |  |
| **Signature** |  | | **Date** |  |
| **Email address** |  | | **Phone number** |  |
| **Name and role of person attending meeting [if different]** | |  | | |

**Note:** If a child is attending a childminder or other setting information needs to be gathered from them prior to attending the LIFT meeting.

**Please attach;**

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| --- | --- |
| **Evidence provided – Please tick all enclosed** | |
|  | Targeted / Personalised Plan |
|  | Parental views on the Agreement to engage form (Pci2) |
|  | Parent/Carer agreement for the setting to engage with Early Years LIFT form (Pci2) |
|  | Healthy Child Programme “Two Year Review” (Health) |
|  | EYFS Progress Check at Two (Education) |
|  | Equality & Inclusion Note of Visit |
|  | Other evidence as required by your district e.g., Best Practice Guidance Audit tools.  (Please provide details of other documents enclosed in the box below) |
|  | Other evidence: |

Please send, by registered post, to your STLS District Lead in advance of the meeting, or as specified by your district STLS team.