Child’s Name: ……………………......................………….....................

Child’s DOB: ……………………......................………….....................

Setting name: ……………………....................………….....................

This form has been completed following (please tick):

□ Observation at home □ Discussion with parents/carer/guardian

□ Observation in education setting □ Discussion with education setting

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **6 = highest level of concern, when compared to same age peers**    **0 = no concern, appears broadly age appropriate** | | | | | | |
|  | **Area** | **6** | **5** | **4** | **3** | **2** | **1** | **0** |
| 1 | Child’s early literacy skills |  |  |  |  |  |  |  |
| 2 | Child’s early numeracy skills |  |  |  |  |  |  |  |
| 3 | Child’s speech and language skills |  |  |  |  |  |  |  |
| 4 | Child’s non-verbal communication skills |  |  |  |  |  |  |  |
| 5 | Child’s independence and autonomy |  |  |  |  |  |  |  |
| 6 | Child’s level of stress |  |  |  |  |  |  |  |
| 7 | Child’s relationship with adults |  |  |  |  |  |  |  |
| 8 | Child’s relationship with peers |  |  |  |  |  |  |  |
| 9 | Child’s safety in environment |  |  |  |  |  |  |  |
|  | Additional comments: |  | | | | | | |

Completion date: ………………………...........................

Form completed by: ……………………............................

Notes for completion

* Tick all of the boxes that apply to indicate what has informed this assessment.
* If a child scores 5 or 6 in any area, please provide **additional evidence** of strategies or documentation used to support the child. This may include any of the following:
  + Transition Plan
  + Individual risk assessment
  + Reasonable adjustments audit
  + Developmental Journal Summary of Steps
  + ABC charts (Antecedent, behaviour and consequence)
  + Well-being and involvement assessment
  + Individual plans or provision maps
  + Annotated Assess, Plan, Do Review cycle of action.