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**Early Years Transition Fund (TSF)**

**End of Year Review**

This review is due at the end of March of the Reception year to monitor the impact and progress of the funding to date and to support you to plan for the remainder of the funding period.

**Child’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name** |  | **DOB** |  |
| **School name** |  | | |

|  |
| --- |
| **How is the funding being used?**  (Has the funding been used for staff training, to enhance the adult ratio, for resources etc) |
|  |

|  |  |
| --- | --- |
| **What progress has been made towards achieving the outcomes (as stated on application)** | |
| **Outcomes stated on application** | **Progress/impact at review**  **Include has the outcome been ‘*fully, mostly, partly, not’* met** |
|  |  |
| **Child’s voice** | **Parents/Carers voice** |
|  |  |

|  |
| --- |
| **How Confident are you that the child’s needs have been met using this funding (please highlight)?** |
| Very Confident Satisfied Concerned, needs are not met  **Additional Comments:** |

|  |
| --- |
| **Are there any significant changes in the needs of the child?** |
|  |

|  |  |
| --- | --- |
| **Next Steps for this child (please tick)** | |
| **Child’s needs can now be met at SEND support** |  |
| **EHCP needs assessment request has been submitted** |  |
| **EHCP needs assessment request will be submitted** |  |

**By signing this form you are confirming you are following the Graduated approach (APDR) to support the individual child and have evidence of the APDR cycle**

|  |  |  |
| --- | --- | --- |
| **Practitioner name** | **Practitioner signature** | **Date** |
|  |  |  |
| **Parent/carer name** | **Parent/carer signature** | **Date** |
|  |  |  |

|  |
| --- |
| **Please submit this review form to your secure setting locker on the VLE**  **You will need to notify the EYISF panel you have submitted this review by emailing**  [ISENDSupport@southglos.gov.uk](mailto:ISENDSupport@southglos.gov.uk) |