

**Early Years Transition Fund (TSF) End of Year Review**

This review is due at the end of the Reception year to monitor the impact and progress of the funding.

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

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| **How was the funding used?**  (Has the funding been used for staff training, to enhance the adult ratio, for resources etc) | **Impact of funding for the child**  (This could also include child and parent voice) |
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| **Did the child achieve GLD? (please highlight)** | |
| Yes | No |

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| **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:** |

|  |  |
| --- | --- |
| **Next Steps for the child (please tick)** | |
| Child’s needs can now be met at SEND support |  |
| EHCP has been issued or is in draft. (if issued, please provide date) |  |
| EHCP needs assessment request |  |

**By signing this form you are confirming you are following the Graduated approach (APDR) to support the individual child and have evidenced this throughout the reception year.**

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

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| **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) |