Initial Assessment/On-Entry Start	ring Point	3 and 4 year olds	RINGFIA		
Child's Name:	ige (in month	s):	S		
To help us help your child settle into plan please can you give us an initial of stage. The following statements are Foundation Stage, Development Matter Please use the boxes provided to ans If you require any assistance to com	assessment o taken from t ters Septeml swer the follo	f their development he Early Years per 2021. pwing statements.	• Learning by Doing •		
Communication and Language <ul> <li>Can your child shift from one task</li> <li>example, by using their name?</li> </ul>	to another i	f you fully obtain the	eir attention, for		
Parent:		Key Person:			
<ul> <li>Is your child using sentences of fo that thing called?"</li> </ul>	ur to six wor	ds - "I want to play	with cars" or "What's		
Parent:		Key Person:			
<ul> <li>Can your child use sentences joined like ice cream because it makes my</li> </ul>	•		', 'and'? For example: "I		
Parent:		Key Person:			
• Is your child using the future and past tense: "I am going to the park" and "I went to the shop"?					
Parent:		Key Person:			
• Can the child answer simple 'why' q	uestions?				
Parent:		Key Person:			
Personal, Social and Emotional  Can your child sometimes manage to share or take turns with others, with adult guidance and understanding 'yours' and 'mine'?					
Parent:		Key Person:			

<ul> <li>Can your child settle to some act</li> </ul>	ivities for a while?
Parent:	Key Person:
· Does your child play alongside ot	hers or do they always want to play alone?
Parent:	Key Person:
•	rend play (for example, being 'mummy' or 'daddy'?) Does tend play with different roles - being the Gruffalo, for
Parent:	Key Person:
· Can your child generally negotiat	e solutions to conflicts in their play?
Parent:	Key Person:
<ul> <li>Is your child independent in mee toilet, washing and drying their h</li> </ul>	ting their own care needs, e.g., brushing teeth, using the nands thoroughly?
Parent:	Key Person:
Physical  Can your child go up steps and st	airs, or climb up apparatus, using alternate feet?
Parent:	Key Person:
<ul> <li>Is your child developing their mo ball skills (kick, throw, catch)?</li> </ul>	ovement, balancing, riding (scooters, trikes and bikes) and
Parent:	Key Person:
<ul> <li>Can your child use a comfortable pencils?</li> </ul>	grip (tripod grip) with good control when holding pens and
Parent:	Key Person:
<ul> <li>Is your child independent as the on and doing up zips?</li> </ul>	y get dressed and undressed, for example, putting coats
Parent:	Key Person:

<ul> <li>Is your child able to use a related to music and rhyt</li> </ul>	•	ences and patterns	s of movements which are	
Parent:		Key Person:		
Any other information you f any other professionals, i.e.	•	_	. Is your child being seen by th Visitor?	
Your child's key person will For more information please https://www.gov.uk/govern	e visit:	•	·	
milps://www.gov.uk/govern	ment/publications/	development-mat	Ters2	
Parent/Carer signature:		Date:		
Key Person to complete				
Name of Key Person:				
Date child started:		Date of Review:		
Additional information that	may be relevant to	child's individual p	orogress plan:	