|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Personal Information** | | | | | | | | | | |
| First Name | |  | | | Surname | | |  | | |
| Date of Birth | |  | | | Age in Months | | |  | | |
| Religion | |  | | | Ethnic Origin | | |  | | |
| Refugee | | | | Asylum Seeker | | | Gypsy/Roma/Traveller | | | |
| Country of Birth | |  | | | English as additional language | | | Yes  No | | |
| Date of arrival to UK (if relevant) | |  | | | Looked After Child | | | Yes  No | | |
| Language spoken at home | |  | | | Language written at home | | |  | | |
|  | | | | | | | | | | |
| **B. Early Years settings information** | | | | | **Setting Name:** | | | | | |
| Setting contact name and number | | | | |  | | | | | |
| Start Date | | Date of leaving | | | Attendance pattern | | | | | |
|  | |  | | | Full time | | | Part time | | |
| Attendance percentage | | **Attendance information**  *(please provide information regarding whether the child has missed part of their education for any reason including COVID 19 and for how long)* | | | | | | | | |
| % | |  | | | | | | | | |
|  | | | | | | | | | | |
| **C. General Information** | | | | | | | | | | |
| **Personal Care and Independence** (Toileting/dressing etc) | | | | |  | | | | | |
| **Medical Needs** (including dietary requirements and/or allergies) | | | | |  | | | | | |
| **Special Educational Needs** (TICK Appropriate box) | | | | | **Safeguarding** | | | | | |
| No Educational needs | SEN Support | | Educational Health Care Plan | | Early Help Offer | Child in Need | | Child Protection plan | | Looked After Child |
|  |  | |  | |  |  | |  | |  |
| *Please attached any relevant plans with this transition document* | | | | | | | | | | |
| **Are any professionals supporting the child? Health Visitor, Social Worker, Speech and Language etc.**  ***(Please add any additional supporting information at the back of the form)*** | | | | | | | | | | |
| Name, Service, Contact Number | | | | | | | | | Start Date | |
|  | | | | | | | | |  | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **D. Assessment Information**  Please included below the child’s current level of development  (e.g. 22-36, 30-50, 40-60, Please add if they are emerging, developing or secure within the age bands)  ***Note:*** *Data can be added below, or a copy of the child’s assessment can be attached with this document if taken from your own data source.* | | | | | | | | | | | | | | | | |
| Personal, Social and Emotional Development | | | | | | Communication and Language | | | | | | | | | Physical Development | |
|  |  | |  | | |  | |  | | |  | | | |  |  |
| Literacy | | | Mathematics | | | | Understanding the World | | | | | | | | Expressive Arts and Design | |
|  |  | |  | |  | |  | | |  | | |  | |  |  |
| **Which characteristic of effective learning suits me best?** | | | | | | | | | | | | | | | | |
| Playing and Exploring | | | | Active Learning | | | | | | | | | | Creating and Thinking Critically | | |
| **E. All About me!** | | | | | | | | | | | | | | | | |
| **What will help me with my transition?**  Examples could include how I use my characteristics of effective learning day to day in the setting; | | | | | | | | | | | | | | | | |
| * What makes me happy? What makes me sad? * What are my key strengths and interests? * What do people like about me? * Successful strategies which have been used to support me with social, emotional or behavioural needs? * Are there any factors affecting my progress? | | | | | | | | | | | | | | | | |
| [Please type here] | | | | | | | | | | | | | | | | |
| **How to best support me:**  Please include any key educational or development targets which will help my new setting support me best. | | | | | | | | | | | | | | | | |
| **Target** | | | | | | | | | **Support / Strategies / Interventions** | | | | | | | |
| 1. | | | | | | | | |  | | | | | | | |
| 2. | | | | | | | | |  | | | | | | | |
| **Completed By** | |  | | | | | | | | | | Date | | |  | |
| **Parent/Carers Name** | |  | | | | | | | | | | | | | | |
| **Parent/Carer Comments** | |  | | | | | | | | | | | | | | |
| **Parent/Carer consent** | |  | | | | | | | | | | | | | | |