|  |
| --- |
| **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** | [ ]  |