**Early Years Foundation Stage Transition Document**

# **Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name  |  | Surname |  |
| Date of Birth  |  | Age in Months |  |
| Religion |  | Ethnic Origin |  |

Gypsy/Roma/Traveller [ ]  Asylum Seeker [ ]  Refugee [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Country of Birth  |  | English as an additional language | Yes [ ]  No [ ]  |
| Date of arrival to UK (if relevant) |  | Looked After Child | Yes [ ]  No[ ]  |
| Language spoken at home |  | Language written at home |  |

# **Early Years Setting 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)* |  |

# **General Information**

|  |  |
| --- | --- |
| **Personal Care and Independence** (Toileting/dressing etc) |  |
| **Medical Needs** (including dietary requirements and/or allergies) |  |
| **Special Educational Needs** (TICK Appropriate box) | No Educational Needs [ ]  SEN Support [ ] Educational Health Care Plan [ ]  |
| **Safeguarding** | Early Help Offer [ ]  Child in Need [ ] Child Protection Plan [ ]  Looked After Child [ ]   |

*Please attach 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 |
|  |  |
|  |  |
|  |  |

# **Assessment Information**

|  |
| --- |
| **Please included below the child’s current level of development****(e.g. 0-3yrs, 3-4yrs, 4-5yrs)** |

|  |  |  |
| --- | --- | --- |
| Personal, Social and Emotional Development | Communication and Language | Physical Development |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Self-regulation | Managing self | Building relationships | Listening, attention & understanding | Speaking | Gross motor | Fine motor |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Literacy | Mathematics |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Comprehension | Word reading | Writing | Number | Numerical patterns |
|  |  |  |  |  |

|  |
| --- |
| **Which characteristic of effective learning suits me best?** |
|  Playing and Exploring [ ]  Active Learning [ ]  Creating and Thinking Critically [ ]  |

# **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** |[ ]