|  |  |
| --- | --- |
| Name of child: |  |
| Name child is known by: |  |
| DOB: |  |
| Gender: | Male Female |
| Age at completion in months: |  |
| Date completed |  |
| Home language |  |

|  |  |
| --- | --- |
| Childcare setting  |  |
| Key Person  |  |
| Next school/setting name |  |
| Date of completion |  |
| Hand over information | Has a professional discussion taken place with the receiving school/key person? Yes / No |



*Add photo of child and/or logo from PVI provider*

Transition between Early Years settings

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer names: |  | Usual days/ hours per week in the setting: |  |
| Address/es |  | Date started in the setting: |  |
| Position in family e.g. 1/3 |  | Attendance (good/periods of absence) |  |
| Attends other settings: yes/no*If yes please give details* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Receiving support for any additional needs?  | Yes / No | Documentation for SEND attached (e.g., EHA, EHCP, TAF minutes, SEN support plan, reports etc) | List: |
| What stage? | SEN support / EHCP | Date of last review/ TAF |  |
| CLA?If Yes has a PEP been attached? | Yes / NoYes / No | Any medical needs or allergies? If a Health care plan is in place is a copy attached? | Yes / NoYes / No |
| Social Care involvement?If Yes named contact: | Yes / No | Any additional dietary information? |  |

**Please note: During transition discussions please ensure you share all significant information that is necessary to support transition for the child and the family. There is a blank box below to record any further significant information necessary**

|  |
| --- |
| All About mePlease circle the appropriate number and complete with parents and child |
| Independent skillsAttempts dressing | Not yet confident/able Very confident/able  1 2 3 4 5 |
| Can use cutlery | Not yet confident/able Very confident/able  1 2 3 4 5 |
| Self-care/toileting skills | Not yet confident/able Very confident/able  1 2 3 4 5 |
| Leaving main carer | Not yet confident/able Very confident/able  1 2 3 4 5 |
| Any special toys/attachment objects? |  |
| Dominant hand(please circle) |  Right Left No preference  |
| (In discussion with the child)What are you looking forward to at school? |  |
| (In discussion with the parent/carer)Do you have any concerns about your child starting school? |  |
| Is there anything else that you would like school to know? |  |

|  |
| --- |
| Please provide a brief commentary relating to the 3 Characteristics of Effective Learning: (See ‘Development Matters’ or ‘Birth to 5 Matters) |
| Playing and Exploring: |
| Active Learning: |
| Creating and thinking critically: |
| Parents/Carers comments |
| Key Person Signature ……………………………………………………..Parent/Carer Signature …………………………………………………… Date completed ……………………………………………….  |