To be completed by Early Years setting staff prior to transition meeting.

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| --- | --- | --- |
| Name of Child: | Address: | |
| Date of Birth: | Date of entry to current setting: | |
| Current Setting: | Setting address and phone number: | |
| Key Person: | Name of new school/setting: | |
| If in receipt of IPF, will the child require a continuation of funding for a short period as they transition into school? | Yes/No (delete as appropriate) | |
| Child’s key strengths and interests: | | |
| Areas of need, including medical needs: | | |
| Specialist equipment required? (*eg. special seating, hearing aids, walking frame etc.)* | | |
| Parts of daily routine and activities the child may need help with: | | |
| Strategies used which have been successful: | | |
| Current interventions: *(eg. Early Years Support Plan, Individual Health Care Plan, Inclusive Practice Funding, EHCP)* | | |
| **Information enclosed:** Please tick relevant documentation you are enclosing. | | |
| EYFS summative assessment (Include EYFS tracking, Early Support Developmental Journal/Venturing into Play, summary page if relevant) | |  |
| Copy of latest Early Years Support Plan/IHCP/EHCP | |  |
| Medical reports, eg. Paediatrician, Audiology, SALT, OT | |  |
| Reports from other professionals, eg. EP, EY SEND Team | |  |
| Minutes of Team Around the Family/CP/CIN/CLA meetings (if relevant) | |  |
| Copy of child’s PEP (if Child Looked After) | |  |
| One Page Profile | |  |
| Provision Map: How do you support my learning? | |  |
| List of all professionals involved, including name, contact address and phone number | |  |

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| **TRANSITION MEETING RECORD**  **Child Centred Transition Planning** |
| **Discussion with**:  Via Telephone/Visit/Meeting/Virtual Meeting  **Date:** |
| **Purpose/Agenda:** Transition meeting to discuss child’s strengths and needs and plan for school. |
| **All about me:**   |  |  |  | | --- | --- | --- | | **My interests** | **My strengths** | **My areas for development** | | **What’s working?** | **What’s not working?** | **Progress made** |   **Parent Voice:**   |  |  |  | | --- | --- | --- | | **My child is interested in** | **My child is good at** | **At home we** | | **These things work well** | **How best to support my child** | **Other thoughts to share** *(wishes/aspirations/worries/concerns)* |  |  | | --- | | **Voice of the child:** *(what am I looking forward to at my new school?)* |   **Transition plan** – How best to support my transition.   |  | | --- | | **What can me and my family do?** | | **What can my setting do?** | | **What can my new school do?** | | **What can other services/professionals do?** | | **Do we need to involve any other services to support transition?** | |

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| **How school will support this child:**  *(to be completed following the transition meeting/in discussion with school)* |

Signed……………………………………………………………………….(parent/carer) Date………………………………………

Signed……………………………………………………………………….(Setting Senco) Date……………………………………..

Signed……………………………………………………………………….(School Senco) Date……………………………………..