# Transition Summary

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Child | Funding accessed | Setting name | Key Person | Parent/carer name(s) | Verified by manager |
| Name:  DOB: | Working Families EYFE  LA issued EYFE  Inclusion Funding  DAF  EYPP |  |  | Confirmation of parent/carer involvement in creating this summary |  |

|  |  |
| --- | --- |
| What are my strengths, talents and interests?  E.g. characteristics of effective learning, things I enjoy, what people admire about me |  |
| What’s important to me?  E.g. spending time outside, familiar routines or knowing who will collect me |  |
| What can you do to support me?  E.g. providing visual clues, help with toileting |  |
| Parent views and comments to share with the new setting/school |  |
| Who lives at home |  |

Assessment

|  |  |
| --- | --- |
| Date assessment completed |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area of learning and development | Personal, Social and Emotional Development | Physical Development | Communication and Language | Literacy | Mathematics | Understanding the World | Expressive Arts and Design |
| Assessment  Summary – based on age expected stage of development |  |  |  |  |  |  |  |
| Next steps and progress made. Areas of support and effective strategies |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Other agencies **currently** involved in supporting child or family |  |
| Other agencies **previously** involved in supporting child or family |  |
| Other information that the new setting needs to know. For example:   * Any additional support needs for child/family * child’s first language(s) if not English * ethnic/cultural background * family circumstances * patterns of attendance that impacts child’s access to education * other factors increasing child’s vulnerability * any other specific needs that the school should be aware of – for example, specific sensory needs or strategies that support the child |  |

## Records to be passed to child’s new setting/school

Outline the information that needs to be shared, when and how this information will be shared – ensuring that sharing is secure and timely.

The final 3 columns can be used to create a record of the information sharing process.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Records** | **Information to be shared** | **Date shared** | **Setting Signature** | **School Signature** |
| **Learning Journal** |  |  |  |  |
| **SEND information**  One Page Profile  Individual Plans  Small steps assessments  Graduated Approach cycles – evidence of progress  Professional reports  Supported Transition planning  SEND Under 5s information |  |  |  |  |
| **Safeguarding information**  Log of concerns  Current support  Previous support  Information from CLaWBA  Contact names for those involved in supporting child/family |  |  |  |  |
| **Information about child’s medical needs**  Health conditions, allergies etc  Health care plan  Risk management plan  Other relevant documentation |  |  |  |  |
| Any other relevant records currently held by the setting |  |  |  |  |