|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s name: | Click or tap here to enter text. | | | Date of birth: | Click or tap here to enter text. | |
| Current setting: | Click or tap here to enter text. | | | Date started: | Click or tap here to enter text. | | |
| Sessions attended: | Click or tap here to enter text. | | | Attendance: | Click or tap here to enter text. | | |
| **Photo of the child** | | | | **All about me:**  (What am I interested in? What comforts me when I’m upset? Likes/dislikes, independence skills e.g. toileting, dressing, recognising/collecting belongings)  Click or tap here to enter text. | | | |
| **Home language/languages exposed to:** Click or tap here to enter text. | | | | | | | |
| **Family context:** (siblings, who has parental responsibility, which adults care for the child, recent changes to family makeup) Click or tap here to enter text. | | | | | | | |
| **Safeguarding:** Safeguarding records should be transferred securely between the DSL’s of current setting to the new setting, **separately to this document**. This may include a range of information such as current or historic family support or needs. Please highlight if any of the below are applicable. | | | | | | | |
| Early Help Assessment (EHA) | | Child Protection Plan (CPP) | Child in Care (CIC) | | | Child in Need (CIN) | |

**Telford and Wrekin Early Years Transition Document**This document is designed to share key information to support transitions between   
settings during the transition process.

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| --- | --- | --- | --- | --- | --- | --- |
| **Areas of learning**. Please highlight whether the child is on track or needing further support. Please use the box below to add any additional information you may feel relevant. | | | | | | |
| Personal, Social and Emotional Development | | | | On track  Requires support | | |
| Communication and Language | | | | On track  Requires support | | |
| Literacy | | | | On track  Requires support | | |
| Mathematics | | | | On track  Requires support | | |
| Understanding of the world | | | | On track  Requires support | | |
| Expressive Arts and Design | | | | On track  Requires support | | |
| Physical Development | | | | On track  Requires support | | |
| **Please give further information on any areas requiring support and strategies/interventions in place:**  Click or tap here to enter text. | | | | | | |
| Special Educational Needs and/or Disability (SEND) | | | | | | |
| No SEND identified | | Identified needs | | | Referred/waiting list | |
| Please highlight area of identified need below | | | | | | |
| Communication & Interaction | Cognition & Learning | | Social, Emotional & Mental Health Difficulties | | | Sensory and/or Physical Needs |
| **Please include details of current support in place, referrals made, any supporting professionals such as SaLT, EYCC/EYAT, Stepping Stones, Community Paediatrician, Physiotherapist.**  Click or tap here to enter text. | | | | | | |
| Level of support in place: | | | | | | |
| Monitoring | Provision plan | | EHCNA | | | EHCP |
| Funding accessed: | | | | | | |
| EYPP | DAF | | EYIF | | | EHCP |

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| --- | --- | --- |
| Further follow up recommendations. Please indicate if you feel further actions are needed before the transition. | | |
| Telephone discussion | Face to face meeting | Visit to setting to observe child |

|  |  |
| --- | --- |
| Parent/Carer**. I give permission for this information to be shared with my child’s school/setting** | |
| Name: Click or tap here to enter text. | Relationship to child: Click or tap here to enter text. |
| Signature: | Date: Click or tap here to enter text. |

|  |
| --- |
| Parent/carer comments:  Click or tap here to enter text. |

|  |  |
| --- | --- |
| Person completing transition document. | |
| Name: Click or tap here to enter text. | Job Title: Click or tap here to enter text. |
| Signature: | Date: Click or tap here to enter text. |