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| 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 [ ]  |

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| 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. |

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

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| 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. |