**Early Years Transition Report**

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| Name of Provision:   | Email address: Telephone/Mobile:  |
| Child’s full name: Date of Birth: Language(s) spoken: | Number of terms attended: Number of sessions attended per week: Level of Attendance (High/Medium/Low):  |
| Child Protection Plan: Child in Need: Looked After Child EHCP:Medical Care Plan:  | Yes / No Yes / No Yes / No Yes / No Yes / No  | Other agencies involved with this child/family: Example: Health services: Speech and language, Occupational Therapy, Physiotherapy, Hospital paediatrician/ visual impairment service/ hearing impairment serviceHealth visitor. Cheviots/ EISS/ Educational Psychology service/CAMHS |
| **Communication and Language**  |
| **Personal, Social and Emotional Development:**  |
| **Physical Development**  |
| **Literacy** |
| **Mathematics** |
| **Understanding the World** |
| **Expressive arts & design**  |

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| **SEN&D Transition Information** Parental permission has been granted for the information shared below.

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| **Communication and interaction**: *write about how they communicate (e.g babbling, echolalia, pointing, leading by the hand to desired object, words, phrases etc)* **Cognition and learning:** *write about how they play and explore (e.g. rigid, self-directed, repetitive, special interests, understanding etc)* **Emotional, social and mental health** (SEN&D Code of Practice*): write about how they respond and regulate emotions (e.g. plays alongside, dislikes busy environment, is withdrawn/ acts out separation difficulties etc)***Sensory and Physical:** *write about any visual and/or hearing impairment, or any physical disability.* |
| **List of specialist equipment and resources which may be required:** Delete or add as appropriate.Requires a walking frame/special chair to……Has hearing aids/implants/visual impairment adaptations/large puzzles /large print books/supported with visual communication: Objects of reference, Now and Next board, visual timetable/symbol support/colourful communication.Supported with Makaton sign/gesture (Uses the sign for ‘More’ ‘finished’ ‘hello’ etc.Is provided with sensory support/uses our sensory roomBucket activities twice per session as part of the enhanced curriculum in our setting. |
| Transition Meeting: A transition meeting will take place on (date) or to be arranged. **Documentation to be shared or provided with other professionals:** SEN Support/Individual Support PlanEducation Health & Care PlanEducation Psychologists ReportSpeech and Language ReportEarly Enfield Help FormCAMHS ReportChild Development Team ReportPhysiotherapist ReportOccupational Therapist ReportHealth Care Plan |
| Parent/s or carer/s comments: |
| Parents Name: Signature: Date:  Practitioner’s Name: Signature: Date:  Copies given to parent/s or carer/s and School: Yes / No Date:  |

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