**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 service  Health 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.   |  | | --- | | **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of Practice*): write about how they respond and regulate emotions (e.g. plays alongside, dislikes busy environment, is withdrawn/ acts out separation difficulties etc)*  **Sensory and Physical:** *write about any visual and/or hearing impairment, or any physical disability.* | | **List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 room  Bucket 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 Plan  Education Health & Care Plan  Education Psychologists Report  Speech and Language Report  Early Enfield Help Form  CAMHS Report  Child Development Team Report  Physiotherapist Report  Occupational Therapist Report  Health 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: | |  |