The purpose of this transition report is for key information to be shared with the child’s next provider.

Please discuss the transition process and complete this document in partnership with parents/carers.

**To ensure a smooth transition, please submit the report to the child’s school by the end of June,**

**together with the partnership tool.**

|  |
| --- |
| *MARK ANY RELEVANT BOXES WITH AN ‘X’ UNLESS INDICATED OTHERWISE. IF NOT RELEVANT PLEASE LEAVE BLANK.* |

**DATE OF DISCUSSION WITH PARENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD’S NAME:** |  | **DOB:** |  |
| **PARENT/CARER CONTACT 1:** |  | **PHONE:** |  |
| **PARENT/CARER CONTACT 2:** |  | **PHONE:** |  |

|  |  |
| --- | --- |
| **EARLY YEARS PROVIDER (EYP - NURSERY/CHILDMINDER):**  | **SCHOOL:** |
|  |  |
| **START DATE:** |  |
| **DAYS OF ATTENDANCE:** |  |
| **KEY PERSON:** |  | **TEACHER:** |  |
|  |
| **CONCERNS RAISED FROM INTEGRATED CHECK (ASQ3) AT 2YRS:** | **NO** |  | **YES** *PLEASE ATTACH* |  |
| **PASTORAL NURSERY LEVEL SUPPORT:**(eg. PSED/visual timetable/dressing/toileting) | **WHAT SUPPORT DOES THIS CHILD REQUIRE?** LOW/HIGH (DETAIL BELOW) |
|  |
| **FOCUSED LEARNING SUPPORT:**(eg. interventions/support to focus during group etc) | **WHAT SUPPORT DOES THIS CHILD REQUIRE?** LOW/HIGH (DETAIL BELOW) |
|  |
|  |
| **AOL OVERVIEW:**  | PSED | PD | C&L | LITERACY | NUMERACY |
| **PLEASE CIRCLE ACCORDINGLY** | ON TRACKNOT YET ON TRACK | ON TRACKNOT YET ON TRACK | ON TRACKNOT YET ON TRACK | ON TRACKNOT YET ON TRACK | ON TRACKNOT YET ON TRACK |
| **EHA** |  | **CP** |  | **CLA** |  | **SALT** |  | **TOILET TRAINED** |  |
| **EAL** |  | **CIN** |  | **No. of previous EY settings** |  | **EYPP** |  | **SEPARATES WELL FROM CARER** |  |
| **NAMES AND CONTACTS OF OTHER AGENCIES INVOLVED (children with SEND, please complete the Transition Additional Information Sheet)** |
|  |
|

|  |  |  |
| --- | --- | --- |
| **A phone call to discuss this child/family support in more detail is necessary:** | **YES** | **NO** |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEND:** | **Yes, SEND**Complete the Transition Additional Information sheet |  | **No, SEND** |  |

 |
| **PHONICS PHASE 1** | **Secure – S****Developing – D****Emerging- E** |  | **WellComm ASSESSMENT Y/N** |
| SECTION AND OUTCOME: |
| Aspect 1 - Environmental sounds |  |  |
| Aspect 2 - Instrumental sounds |  |
| Aspect 3 – Body Percussion |  | **SALT REFERRAL Y/N** |
| Aspect 4 - Rhythm and rhyme |  | STATUS AND DATES: |
| Aspect 5 - Alliteration |  |  |
| Aspect 6 - Voice sounds |  |
| Aspect 7 – Oral Blending and Segmenting |  |

## *My name is…*

*My friends call me…*

What do people admire and like about me?

## PLEASE ADD A RECENT PHOTO HERE

What is important to me?

What support/which strategies help me?

What makes me happy?

These statements may be based on knowledge and observations from the child’s key adults

(key person/parents/carers) rather than the actual words of the child.

Additional comments: