**Transition report template**

*Complete this report for all children moving between early years providers, or from an early years provider to a primary school*.

1. **Summary**

|  |  |
| --- | --- |
| Child’s name |  |
| Child’s DOB |  |
| Child’s gender |  |
| Language(s) spoken |  |
| Current provider name |  |
| Attendance at current providers | * Start date:
* Finish date:
* Number of terms on roll:
* Attendance pattern/type of placement (e.g. FT/PT, 15/30 hours):
 |
| New provider name |  |
| Transition type *(tick)* | [ ]  Starting primary school[ ]  Moving between early years providers |
| Transition meeting required *(tick)* | [ ]  Yes[ ]  No  |
| Professional(s) supporting this child |  |
| Other action(s) required to support transition *(list as appropriate e.g. visit to see child in current setting)* |  |
| Additional information attached *(list as appropriate e.g. medical information, SEN support plan, reports from outside agencies)* |  |

1. **Key characteristics, support and funding**

|  |  |
| --- | --- |
| Child’s key characteristics *- tick as appropriate* | [ ]  Child looked after[ ]  English as an additional language (EAL)[ ]  Refugee status [ ]  Other  |
| Support and funding being accessed *-* *tick as appropriate* | [ ]  Early years pupil premium (EYPP)[ ]  Free early education for two-year-olds (FEE2)[ ]  Disability access funding (DAF)[ ]  Special educational needs inclusion funding (SENIF) [ ]  Family support[ ]  Other  |

1. **SEND and health needs**

*Complete the table below regarding this child’s statutory two-year-old developmental review, progress check and any known SEND or wider health need.*

|  |  |
| --- | --- |
| Statutory ASQ two-year-old developmental review (Health)  | * Date completed:
* Notes/concerns/actions:
 |
| Two-year-old progress check (Education - EYFS) | * Date completed:
* Notes/concerns/actions:
 |
| Known health needs e.g. asthma, allergies, dietary requirements |  |
| Known special education needs or disabilities (SEND)  |  |
| Known resources and/or equipment which will accompany this child |  |
| SEND status *- please tick as appropriate* | [ ]  Not applicable (no SEN)[ ]  Emerging needs[ ]  SEN support[ ]  In referral process for EHCP[ ]  EHCP |

1. **Learning and development**

|  |  |  |  |
| --- | --- | --- | --- |
| EYFS learning area | Assessment on entry to current setting | Assessment on exit of current setting | Additional comments (e.g. progress, next steps, support needed)  |
| Communication and language |  |  |  |
| Physical development |  |  |  |
| Personal, social & emotional development (PSED) |  |  |  |
| Literacy |  |  |  |
| Mathematics |  |  |  |
| Understanding the world |  |  |  |
| Expressive arts and design |  |  |  |

1. **Child at a glance**

*Complete the table below from the child’s perspective to help their new setting get to know them.*

|  |  |
| --- | --- |
| I really like / I’m really good at… |  |
| I dislike… |  |
| My everyday behaviours look like… |  |
| It would help me settle if… |  |

1. **Comments from current provider**

*Complete the table below with any additional information you want to pass on to the new setting e.g. significant events, progress.*

1. **Comments from parent(s)/carer(s)**

|  |  |
| --- | --- |
| Parent/carer name(s) |  |
| Language(s) spoken - *please indicate if an interpreter may be needed* |  |
| Parent/carer comments - *please ask the child’s parent(s)/carer(s) to complete this box with any key information they would like to share with the new setting.* | *Complete this box with parent/carer once the rest of the form is completed* |
| Consent to share information - *please ask the child’s parent(s)/carer(s) to complete and sign this section* | I/We give consent for my/our child’s current early education provider to share this report and other relevant information with my/our child’s new nursery/school and relevant education and health professionals.Parent/carer name:Relationship to child:Date:Parent signature:  |

1. **Sign-off**

*Ensure this transition report is signed off.*

|  |  |
| --- | --- |
| Key person (print name, sign and date)  |  |
| Key person contact details |  |
| Head of setting (print name, sign and date)  |  |
| Practitioner completing this report, if different to key person/head of setting (print name, sign and date) |  |