**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) |  |