

Name:

TRANSITION TO SCHOOL DOCUMENT

DOB:

Age (In Months):

Child's first language:

Languages known to me:

Important People in my Life:

-

Great things about me:

-

What is important to me:

-

COEL (Characteristics of Effective Learning) What you need to know to support me to learn and develop:

-

My home life:

-

Personal, Social & Emotional Development

Self Confidence & Self Awareness					Managing Feelings & Behaviour					Making Relationships				
<ul style="list-style-type: none"> 					<ul style="list-style-type: none"> 					<ul style="list-style-type: none"> 				
8-20	16-26	22-36	30-50	40-60+	8-20	16-26	22-36	30-50	40-60+	8.20	16-26	22-36	30-50	40-60+

Communication & Language

Listening & Attention					Understanding					Speaking				
<ul style="list-style-type: none"> 					<ul style="list-style-type: none"> 					<ul style="list-style-type: none"> 				
8-20	16-26	22-36	30-50	40-60+	8-20	16-26	22-36	30-50	40-60+	8.20	16-26	22-36	30-50	40-60+

Physical Development

Moving & Handling					Health & Self-Care				
<ul style="list-style-type: none"> 					<ul style="list-style-type: none"> 				
8-20	16-26	22-36	30-50	40-60+	8.20	16-26	22-36	30-50	40-60+

Highlights of Specific Areas
<ul style="list-style-type: none">

Additional Information:

Early Years Provider:

Contact Details:

Number of sessions/hours attended:

Attendance: High / Average/ Low

Date Started setting:

Date Finished setting:

2 Year Integrated Review Completed: Yes / No

2 Year Old Funding: Yes / No

Early Years Pupil Premium: Yes / No

SEND Support: Yes / No

In receipt of Additional Funding: Yes / No

Level: Medium / High

EHCP in process: Yes / No

Any professionals or agencies supporting the family: Yes / No

If yes give details of previous and current support.

I am happy for this information to be shared electronically by a secure method in order to ease transition to my next place of learning.

Signature Parents

Print Name

Date

Signature of Key Person

Print name

Date

Manager

Print Name

Date