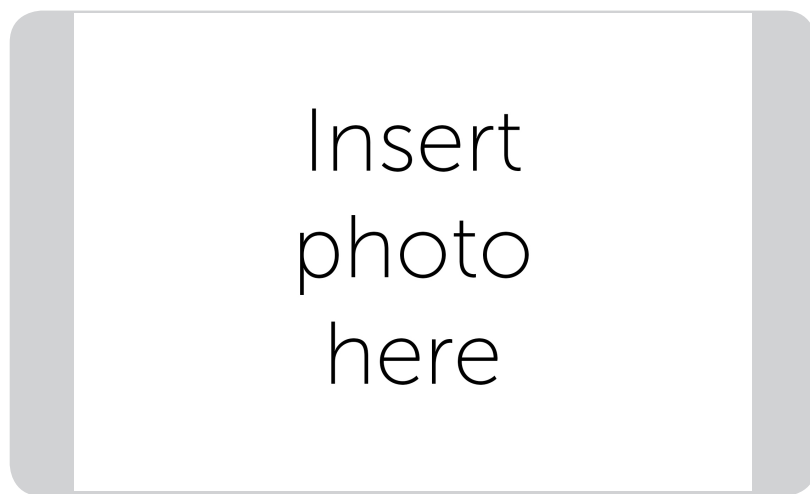


Transition Record

For



Moving on from

to start at

This form is to be completed prior to the child starting school.

The information in the form contains a summary of the child's learning, development and progress. The information will help to support the child's transition to school.

The information will be shared with the parent/carer; the early years setting(s) the child is currently attending and the school the child will be moving to.

TRANSITION RECORD FORM

| | | | |
|---|--|--|--|
| DATE COMPLETED: | NAME OF PERSON COMPLETING THIS FORM: | | |
| | ROLE OF PERSON COMPLETING THIS FORM: | | |
| CHILD'S NAME: | GENDER: | DATE OF BIRTH: | |
| | | AGE IN MONTHS: | |
| ETHNICITY: | LANGUAGES SPOKEN AT HOME: | | |
| NAME OF SETTING: | PHONE NUMBER: | HOURS ATTENDED PER WEEK: | |
| ADDRESS OF SETTING: | | ACROSS HOW MANY DAYS: | |
| CURRENT SETTING: | DATE OF ENTRY: | TRANSFERRING TO: | |
| | DATE OF EXIT: | | |
| ATTENDANCE: | | | |
| REGULAR: YES <input type="checkbox"/> NO <input type="checkbox"/> COMMENTS WHERE APPROPRIATE: | | | |
| FREE EARLY EDUCATION FOR 2 YEAR OLD PLACE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| EARLY YEARS PUPIL PREMIUM (EYPP) *YES <input type="checkbox"/> NO <input type="checkbox"/> CHILD LOOKED AFTER (CLA): YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| *Please give details of how EYPP was used (including details of the impact on outcomes for this child) | | | |
| HAS A CAF BEEN COMPLETED FOR THIS CHILD? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| NAME OF THE LEAD PROFESSIONAL: | | | |
| HAS THE CHILD BEEN VISITED BY THE VIRTUAL SCHOOL? | | | |
| Please attach a copy of the child's PEP | | | |
| MEDICAL INFORMATION: (including allergies) | IS A CARE PLAN IN PLACE? YES <input type="checkbox"/> NO <input type="checkbox"/> (please give brief details) | | |
| DOES THE CHILD HAVE ADDITIONAL NEEDS? (if 'yes' please send relevant paperwork) | YES <input type="checkbox"/> NO <input type="checkbox"/> | AGENCIES INVOLVED: (please give brief details) SEN, children centre; educational psychologist, social worker, speech and language therapist | |
| DOES THE CHILD HAVE AN EARLY SUPPORT PLAN? (if 'yes' please send relevant paperwork) | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| DOES THE CHILD HAVE AN ENF FUNDING? (if 'yes' please send relevant paperwork) | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| DOES THE CHILD HAVE AN EARLY HEALTH CARE PLAN? (if 'yes' please send relevant paperwork) | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

UNIQUE CHILD SUMMARY:

A summary of observation that captures how this child has been developing over the last assessment period (half term) and what s/he has achieved.

CHARACTERISTICS OF EFFECTIVE LEARNING:

How does this child learn – please give examples? *Engaged / *Motivated/ *Thinking

| AREAS OF DEVELOPMENT: | | | | | | |
|--|--|--|---|---|---|---|
| Communication & Language | 0–11 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 8–20 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 16–26 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 22–36 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 30–50 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 40–60 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> |
| Physical Development | 0–11 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 8–20 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 16–26 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 22–36 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 30–50 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 40–60 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> |
| Personal, Social & Emotional Development | 0–11 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 8–20 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 16–26 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 22–36 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 30–50 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 40–60 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> |
| Literacy | 0–11 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 8–20 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 16–26 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 22–36 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 30–50 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 40–60 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> |
| Mathematics | 0–11 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 8–20 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 16–26 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 22–36 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 30–50 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 40–60 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> |
| Understanding the World | 0–11 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 8–20 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 16–26 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 22–36 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 30–50 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 40–60 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> |
| Expressive Arts & Design | 0–11 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 8–20 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 16–26 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 22–36 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 30–50 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> | 40–60 E <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> |
| E = Entering (few outcomes highlighted); D = Developing (some outcomes highlighted); S = Securing (most outcomes highlighted) | | | | | | |

PARENT/CARER COMMENTS:

What are your child's interests / strengths? Who are the child's friends? What is the family make up – parents, siblings?
What might your child need help with? How does your child like to be comforted?

KEY PERSON COMMENTS:

What are the child's interests/strengths?
What might the child need help with?
How does the child like to be comforted?

CHILDREN'S COMMENTS:

What do you like to play with? What do you not like?
What makes you happy? What makes you sad?

Thank you to the Hemel West Transition Pilot group, involving schools, nursery school, preschools, day nurseries, childminders and the children centre in the Hemel West area, who have helped to developed this document.