# Transition Summary

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Insert picture of child here(optional) | Child | Potential FSM eligibility | Setting name | Key Person | Parent/carer name(s) | Discussed with parent/carer(tick and/or signature of parent to confirm) | Verified by manager |
| Name: DOB:  | [ ]  2yr FE [ ]  EYPP  |  |  |  | [ ]  |  |

|  |  |
| --- | --- |
| What are my strengths, talents and interests?E.g. characteristics of effective learning, things I enjoy, what people admire about me |  |
| What’s important to me?E.g. spending time outside, familiar routines or knowing who will collect me |  |
| What can you do to support me?E.g. providing visual clues, help with toileting |  |
| Parent views and comments to share with the school |  |
| Who lives at home |  |

Assessment

|  |  |
| --- | --- |
| Date assessment completed |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area of learning and development | Personal, Social and Emotional Development | Physical Development | Communication and Language | Literacy | Mathematics | Understanding the World | Expressive Arts and Design |
| AssessmentSummary – based on age expected stage of development |  |  |  |  |  |  |  |
| Next steps and progress made. Areas of support and effective strategies |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Other agencies **currently** involved in supporting child or family |  |
| Other agencies **previously** involved in supporting child or family |  |
| Other information that the new setting needs to knowFor example, child’s first language(s) if not English, cultural background, family circumstances, SEND needs, Child We Care For, other factors increasing child’s vulnerability, any other specific needs that the school should be aware of – for example, specific sensory needs or strategies that support the child. |  |

## Records to be passed to child’s new setting/school

Outline the information that needs to be shared, when and how this information will be shared – ensuring that sharing is secure and timely.

The final 3 columns can be used to create a record of the information sharing process.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Records** | **Information to be shared** | **Date shared** | **Setting Signature** | **School Signature** |
| **Learning Journal** |  |  |  |  |
| **SEND information** * Early Years Inclusion Support Plan (EYISP) or other documentation including information about professionals involved and support strategies and progress made
* SEND under 5s outcome if appropriate
 |  |  |  |  |
| **Safeguarding information*** Including log of concerns
* Current/previous support
* Information from CLaWBA
* Contact names for those involved in supporting child/family
 |  |  |  |  |
| **Information about child’s medical needs*** Health conditions, allergies etc
* Include current health care plan, risk management plan, and any other relevant documentation
 |  |  |  |  |
| Any other relevant records currently held by the setting |  |  |  |  |