## Supported Transition Plan

 To be read in conjunction with the child’s One Page Profile

**Child’s Name:**

**Child’s DOB:**

**Current Setting (if applicable):**

**Receiving Setting/School:**

**Meeting Date:**

**Present at meeting:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Contact Details** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |   |

**Information to be shared with the new setting:**

|  |  |  |
| --- | --- | --- |
| **Is the child supported by the following services** | **Yes/No** | **Notes** |
| Social Care |  |  |
| Early Help |  |  |
| Known to SEND Under 5’s |  |  |
| Undergoing an EHCNA |  |  |
| Child Development Centre |  |  |
| Speech and Language Therapist |  |  |
| Portage |  |  |
| Sensory Support Team |  |  |
| Early Years and Childcare Advisor |  |  |
| Early Years Transition Teacher |  |  |

**Information to be shared with the new setting:**

|  |  |  |
| --- | --- | --- |
| **Records** | **Date** | **Notes** |
| One Page Profile |  |  |
| Safeguarding Information |  |  |
| Medical Information |  |  |
| Reports from professionals |  |  |
| Any other relevant records  |  |  |

|  |
| --- |
| **What actions need to be taken to support successful transition:** |
| **Agreed Actions** | **Who is involved?** | **Timescale** |
|  |  |  |

***Copies of this record should be shared with all attendees.***