**Enhanced Transition Plan for Pre-school Children with SEND**

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| --- | --- |
| Name of child  |  |
| Date of Birth |  |
| Parents/Carers names |  |
| Address, email, phone numbers  |
|  |
| Current Early Years Setting, SENCO & contact details  |  |
| School due to attend  |  |

|  |  |
| --- | --- |
| Main area of SEND Need Please highlight in bold | Communication & Interaction  |
| Social, Emotional and Mental Health  |
| Cognition and Learning  |
| Physical & Sensory  |
| SEN School Support 🞎 | EHCP 🞎 |

|  |  |
| --- | --- |
| Transition Meeting: |  |
| Date:  | Place:  | Time: |
| Present |
| Name: | Contact Details | Role  |
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|  |  |  |
|  |  |  |

Completed by:

Date:

Copies to:

Section 1: About you and your child

**To be completed with parents/carers, ahead of the meeting and shared with school/preschool staff before the transition meeting.**

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| **Family**For example: Who is part of your family? Who lives with you? Who helps out at home e.g., extended family members? Which adults are significant to your child? |
|  |
| **Birth & Infancy** For example: What do you remember about the early years that might help?What was he/she like as a young baby? Were you happy about progress at the time?When did you first feel things were not right? What happened?What advice or help did you receive – from whom? |
|  |
| **General Health** For example: eating and sleeping habits, general health, allergies, serious illnesses/accidents, including periods in hospital. Any medicine or special diet? Extended absences from early years setting? |
|  |

Section 2: Other services/People involved with your child

**To be completed with parents/carers ahead of the meeting and shared with school/preschool staff before the transition meeting.**

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| --- | --- | --- | --- |
| **EDUCATION** | **Involved Yes/No** | **Report included** | **Name & Contact Details** |
| Portage Home Visitor  |  |  |  |
| Educational Psychologist  |  |  |  |
| Early Years Advisory Teachers  |  |  |  |
| Advisory Teachers for Hearing Support  |  |  |  |
| Advisory Teachers for Visual Support  |  |  |  |
| **SOCIAL CARE** | **Involved Yes/No** | **Report included** | **Name & Contact Details** |
| Early Help – family support services |  |  |  |
| Child in Need – social worker |  |  |  |
| Children with Disabilities Team – social worker |  |  |  |
| **HEALTH CARE**  | **Involved Yes/No** | **Report included**  | **Name & Contact Details** |
| Paediatrician  |  |  |  |
| Speech and language therapist  |  |  |  |
| Physiotherapist  |  |  |  |
| Occupational therapist  |  |  |  |
| Specialist nurse |  |  |  |
| Other health professional  |  |  |  |

Section 3: Current picture of the child

**To be completed with parents/carers ahead of the meeting and shared with school/preschool staff before the transition meeting.**

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| --- | --- |
| **One Page Profile** The voice of the child  | Share a one page profile created by the parents/carers using [One Page Profiles (sheffkids.co.uk)](http://www.sheffkids.co.uk/adultssite/pages/onepageprofilestemplates.html) |
| **Motivators**Including things that will relax your child and make them feel welcome |   |
| **Play Preferences**List things that are currently favourites of the child’s and things that were interesting to them in the past |  |
| **Dislikes**Including things that may trigger upset or fear currently and previously. How did you overcome dislikes with your child? |  |
| **Independence** Including toileting, dressing, coping with routines and getting out and about  |  |
| **Coping with Change** What helps maintain emotional regulation at these times? |  |
| **Maintaining Self-esteem** Comment on the child’s resilience and level of reassurance needed. |  |
| **What is needed to have a sense of belonging for the child?**What are the barriers to belonging? Consider physical, sensory, communicative and emotional potential barrierse.g., My child understands a lot of Makaton signs, do staff know any Makaton to help her?e.g., My child needs frequent opportunities to be outside and run as part of his sensory needs, can this be accommodated in his day? |  |

Section 4: Planning ahead

**To be completed at the transition meeting together**

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| **Getting to know each other** **Planning visits to settings**  |  |
| **Making a school photo book/video for the child to share at home with the parent**  |  |
| **Uniform**Any allowances for the child needed? |  |
| **Learning new routines at home in readiness for the start of school day** e.g., getting up and dressed early, walking route to school, entrance ways, who will meet and greet? |  |
| **Supporting Verbal Communication at school**:* Visual timetables.
* Choice boards.
* Gestures and Makaton signs.
* School vocabulary (carpet time, mat time, line up, hold hands, etc.).
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| **Mealtimes**  |  |
| **Play times** |  |
| **Home/schoolbook to maintain communication**  |  |
| **Getting to and from school** |  |

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| Useful References  |
| Early Years SEND Transition Training – Dingley’s Promise Julia.cox@dingley.org.uk  |
| Nasen EYSEND Partnership training [Early Years | Nasen](https://nasen.org.uk/early-years?msclkid=72fe12e7a54811ecb66dcae11db1607f)  |
| National Portage Association [Welcome | National Portage Association](https://www.portage.org.uk/?msclkid=9ca1c06da54811ec880e2f6fc72c2be0) |
| Makaton Charity [Home (makaton.org)](https://makaton.org/?msclkid=bfa446daa54811ec878f569087de9581) |
| Widgit Online [Widgit Online](https://widgitonline.com/?msclkid=dfc19c60a54811ec8ddf614372ace141) |
| The Autism Education Trust [Early Years Standards Framework | Autism Education Trust](https://www.autismeducationtrust.org.uk/resources/early-years-standards-framework) |

Section 5: Next Steps

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| **Who (child/parent/staff member/supporting professional)**  | **What is going to happen?**  | **By when?** |
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