

Torbay Early Years Transition Document

Your logo



SECTION 1

| | | | | |
|----------------|-------------------|-----|---------------|-------------|
| Photo of child | Name of child | | | |
| | Date of birth | | Age in months | |
| | Today's date | | | |
| | Name of setting | | | |
| | Key person | | | |
| | Contact Number | | | |
| | EYPP? | Yes | | No |
| | 2 year funding? | Yes | | No |
| | Sessions per week | | hours | Attendance% |

Childs Characteristics of Effective Teaching and Learning

| | |
|---|--|
| Playing and Exploring | |
| Active Learning | |
| Creating and Thinking Critically | |

| Area of learning | Age band | Emerging | Expected | Exceeding | Comments (strengths/support) include how EYPP and deprivation payments have been used to support the child. E.g. any interventions, one to one support etc. |
|------------------|----------|----------|----------|-----------|--|
|------------------|----------|----------|----------|-----------|--|

Personal Social & Emotional Development

| | | | | | |
|----------------------------------|--|--|--|--|--|
| Making Relationships | | | | | |
| Self Confidence & Self Awareness | | | | | |
| Managing Feelings and behaviours | | | | | |

Communication and Language

| | | | | | |
|-------------------------|--|--|--|--|--|
| Listening and Attention | | | | | |
| Understanding | | | | | |
| Speaking | | | | | |

Physical Development

| | | | | | | |
|----------------------------------|--|--|--|--|--|--|
| Moving & Handling | | | | | | |
| Health & Self-care | | | | | | |
| Literacy | | | | | | |
| Reading | | | | | | |
| Writing | | | | | | |
| Mathematics | | | | | | |
| Number | | | | | | |
| Shape, Space & Measure | | | | | | |
| Understanding the World | | | | | | |
| People & Communities | | | | | | |
| The World | | | | | | |
| Technology | | | | | | |
| Expressive Art and Design | | | | | | |
| Exploring Media & Materials | | | | | | |
| Being Imaginative | | | | | | |

Parents' comments and questions:

Additional Comments – (Managers, Key Person, Designated Person, SENCO):

Please ask and report on how the child feels about starting school.

Parent/Carer declaration: 'I agree for the information contained within this form or any attached documents to be shared with relevant professionals, including any safeguarding concerns, in order to enable appropriate support for my child at points of transition and beyond'

| | |
|------------------------|-------|
| Parent/Carer signature | Date: |
|------------------------|-------|

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SECTION 2: Additional Safeguarding information

| | | | | |
|---|---------------------------|----|---|--------|
| Is the child currently part of CP, CIN or LAC, TH | Yes (detail which one) | No | Further information to follow from setting? (confidentially and securely, with parental consent) | Yes/No |
| | | | School to ring EY setting? (must have talked through the conversation with parents first) | Yes/No |
| | | | If the child is LAC which LA is responsible for them? | |
| | | | Start date: | |
| Current Social Worker or Family Support worker involvement? | Yes | No | Name, contact number and department: | |
| | | | | |
| Any other professionals involved? | Yes | No | If yes please list names and contact details: | |
| | | | | |
| Has the child had any previous/closed CP, CIN, TH | Yes | No | With parental consent, briefly explain below, giving dates | |
| | | | | |
| Any other relevant information to enable the appropriate support to be given? | Yes | No | With parental consent, briefly explain below, giving dates | |
| | | | | |

Parent/Carer declaration: 'I agree for the information contained within this form or any attached documents to be shared with relevant professionals, including any safeguarding concerns, in order to enable appropriate support for my child at points of transition and beyond'

Parent/Carer signature

Date:

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SECTION 3: Additional SEND information

| | | | | |
|--|-----|--|--------------------------------|----|
| SEN | Yes | No | Please describe child's needs: | |
| EHCP | Yes | No | | |
| Monitored for potential SEN? | Yes | No | | |
| Referral to Educational Psychologist? | Yes | Date of assessment: | | No |
| | | Date of report: | | |
| | | Comment : | | |
| One to One support in currently or in the past? | Yes | If yes what for, when and for how many hours per week? | | No |
| | | | | |
| Other agencies involved (please list) | | | | |

Parent/Carer declaration: 'I agree for the information contained within this form or any attached documents to be shared with relevant professionals, including any safeguarding concerns, in order to enable appropriate support for my child at points of transition and beyond'

Parent/Carer signature

Date:

