|  |  |
| --- | --- |
| Name of child: |  |
| Name child is known by: |  |
| DOB: |  |
| Gender: | Male Female |
| Age at completion in months: |  |
| Date completed |  |
| Home language |  |

|  |  |
| --- | --- |
| Childcare setting |  |
| Key Person |  |
| Next setting name |  |
| Date of completion |  |
| Hand over information | Has a professional discussion taken place with the receiving setting/key person? Yes / No |

A picture containing diagram

Description automatically generated

Transition Setting to Setting

*Add photo of child and/or logo from PVI provider*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/Carer names: |  | | Usual days/ hours per week in the setting: |  |
| Address/es |  | | Date started in the setting: |  |
| Position in family e.g. 1/3 |  | | Attendance (good/periods of absence) |  |
| Attends other settings: yes/no  *If yes, please give details* | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Receiving support for any additional needs? | Yes / No | Documentation for SEND attached (e.g., EHA, EHCP, TAF minutes, SEN support plan, reports etc) | List: |
| What stage? | SEN support / EHCP | Date of last review/ TAF |  |
| CLA?  If Yes has a PEP been attached? | Yes / No  Yes / No | Any medical needs or allergies?  If a Health care plan is in place is a copy attached? | Yes / No  Yes / No |
| Social Care involvement?  If Yes named contact: | Yes / No | Any additional dietary information? |  |
| EYPP? | Yes / No | Focus of EYPP – please provide additional information below |  |

**Please note: During transition discussions please ensure you share all significant information that is necessary to support transition for the child and the family. There is a blank box below to record any further significant information necessary**

|  |  |
| --- | --- |
| All About me  Please circle the appropriate number and complete with parents and child | |
| Independent skills  Attempts dressing | Not yet confident/able Very confident/able    1 2 3 4 5 |
| Can use cutlery | Not yet confident/able Very confident/able    1 2 3 4 5 |
| Self-care/toileting skills | Not yet confident/able Very confident/able    1 2 3 4 5 |
| Leaving main carer | Not yet confident/able Very confident/able    1 2 3 4 5 |
| Any special toys/attachment objects? |  |
| Dominant Hand? (Please circle) | Right Left No preference |
| (In discussion with the child)  What are you looking forward to at your next setting? |  |
| (In discussion with the parent/carer)  Do you have any concerns about your child starting next setting? |  |
| Is there anything else that you would like the next setting to know? |  |

|  |
| --- |
| Please provide a brief commentary relating to the 3 Characteristics of Effective Learning: (See ‘Development Matters’ or ‘Birth to 5 Matters) |
| Playing and Exploring: |
| Active Learning: |
| Creating and thinking critically: |
| Parents/Carers comments |
| Key Person Signature ……………………………………………………..  Parent/Carer Signature ……………………………………………………  Date completed ………………………………………………. |