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| **Transition Form** for children with SEND who are transitioning to school  **To be completed by Early Years Setting Staff or Lead Professionals** | |
| Name of child:  **Gender: male/female (please circle)** | Date of birth: |
| Current setting: | Entry date to current setting: |
| New Setting address: | Setting phone number:  Key person: |
| New school/setting: | |

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| **Child’s key strengths and interests:** |
| **Main areas of need, including medical needs:** |
| **Specific equipment required:** *(hearing aids, visual aids for communication, adapted utensils, special seating, etc)* |
| **Activities or situations that the child may need support with:** *(story time, registration, lunchtime, group activities or length of day, etc)* |
| **Strategies that have been successful:** |

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| **Information to enclose** Please confirm that you have provided the following documents/information to the new school setting: | |
| **Information required** | **Tick to confirm enclosed** |
| EYFS assessment information last Funding application |  |
| Observations / Formative evidence etc. |  |
| Health care plans |  |
| Medical reports ( for example GP / paediatrician) |  |
| Reports from outside agencies (e.g. speech therapist) |  |
| CAF minutes (where relevant) |  |
| List of agencies involved, name of contact & telephone number. |  |

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| Signed ………………………………………………………………………… (parent/carer)  Signed ……………………………………………………………………………. (SENCO)    Signed to acknowledge receipt (school/setting)………………………………………… |