

**Transition Document**

For pre-school children with additional or medical needs

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| Received By |  |
| Date |  |

**Transition Document (Guidance Notes)**

The purpose of this form is to give early years settings the opportunity to provide other care/education setting and/or primary schools with information on a child’s additional/medical needs prior to the child’s transfer.

This information will then provide the setting/school with a clearer picture of the child.

Recommendations:

* This form should be completed for all pre-school children if he/she has an additional or medical need.
* This form should be completed in addition to the standard documents usually transferred with a child prior to their moving on to other care/education provision.
* This form should be completed at the beginning of the child’s final term in pre-school or nursery and sent on the prospective setting/school at least 6 weeks before the child starts or 6 weeks before the end of term.
* A copy of this form should be given to the child’s parents and a copy be retained by the early years setting.
* If the child receives funding from the early Years Resource and Allocation team then a ‘My Support Plan’ should be used for transition. If a ‘My Support Plan’ in place then there is no need to complete the transition document.

Name of persons contributing to transition document:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Setting details**

a) Date started setting ­\_ \_ / \_ \_ / \_ \_

b) Setting’s name and address / telephone and or email address

**c) Contact name (SENCO and Key Worker’s name)**

**2. Child’s and carer’s details**

1. Child’s name and address (Please include child’s preferred name if different from above)

Postcode

b) Child’s date of birth \_ \_ / \_ \_ / \_ \_

c) Child’s gender Male Female

d) Child’s religion

e) Child’s ethnicity

f) Main carer’s name Relationship to child

g) Name of person with parental responsibility

h) Main Carer’s first language other language/s

i) Child’s first language other language/s

j) Child’s preferred communication style

k) Please include details of household members

**3) My strengths/achievements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current stage of development in Prime Areas of EYFS** | | | | | |
| **PSE- MR**  **SC/ SA MFB** |  | **C & L – L/A**  **U SP** |  | **PH- MH**  **H/ SC** |  |

Comment on what I enjoy doing, special interests and successes.

Home:

Setting:

Please indicate what interventions are being used within SEND support as per the SEND Code of Practice 2014-

Early Intervention

Targeted Intervention

Intensive Intervention

**Please include with this document the last 2 copies of the child’s Early Identification or Assess, Plan, Do and Review (A.P.D.R) and the one page profile.**

**4) What is the nature of the child’s additional or medical needs?**

1. Primary Need **(Please only identify one and need and do not duplicate in secondary need)**

Communication & Interaction

Cognition & Learning

Social Emotional and Mental Health Difficulties (SEMH)

Sensory and/or Physical Need

1. Identified Secondary Need (If Any)

**Please tick as many areas as needed but not the same as the Primary Need.**

Communication & Interaction

Cognition & Learning

Social Emotional and Mental Health Difficulties

Sensory and/or Physical Needs

1. **What impact does this have on me?**

|  |
| --- |
| Home:  Setting:  If you need more space, please continue |

**b) Any specialist equipment/medication or dietary requirements currently needed to support to support me?**

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| Home:  Setting:  If you need more space, please continue |

**Please include a copy of recent health plan and risk assessments**

**Any additional adult support, visual resources or any useful strategies you have tried to support me?**

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| Home:  Setting: |

**Any other relevant information:**

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| --- |
| Home:  Setting: |

**7) Supporting details**

a) Who has been contacted relating to this child’s special educational need/disability or language need? (Please list contact name and telephone number where applicable)

|  |  |  |
| --- | --- | --- |
| **Service** | **Please tick if had any contact** | **Contact name and telephone number/**  **Referral Date and if they have been discharged and when.** |
| ASD Outreach |  |  |
| Educational Psychology Service |  |  |
| Early Help |  |  |
| General Practitioner |  |  |
| Health Visitor |  |  |
| IPASS |  |  |
| Family Support Worker |  |  |
| Occupational therapist |  |  |
| Paediatrician |  |  |
| Physiotherapist |  |  |
| Portage |  |  |
| SLD Outreach |  |  |
| Social Care Team |  |  |
| Speech and language therapist |  |  |
| Translation Service |  |  |
| Voluntary Services   * KIDS * Barnardo’s |  |  |
| Other (please give details) | | |

**Please enclose copies of most recent reports.**

**8) If Social Care (Looked After Children) are involved:-**

Has an Electronic Personal Educational Plan (EPEP) been completed?

YES NO

**Level of involvement:**

Child Protection Plan Child In Need

|  |
| --- |
| Please state name and contact details of social worker: |

**9) Has there been any previous involvement with Social Care?**

**Please attach Chronology and documentations to support the child, young person or family.**

**YES NO**

**10 Please list any further information you feel may be relevant to my transfer.**

|  |
| --- |
| Home:  Setting: |

|  |  |
| --- | --- |
| **Parents/Carers/Other signature** |  |
| **Name of above in Print** |  |
| **Date** |  |
| **Do you agree to information to be shared with the school or setting?** | **Yes No** |

|  |  |
| --- | --- |
| **SENCO’s signature** |  |
| **Name of above in Print** |  |
| **Date** |  |

**Enclosed with the transition document is:**

|  |  |
| --- | --- |
| **Document** | **Included** |
| Developmental Overview |  |
| ECAT communication skills monitoring sheet |  |
| APDR |  |
| Health Plan |  |
| Risk Assessment |  |
| My Passport (One page profile) |  |
| The Graduated Approach document |  |
| **If included external reports please list:** | |

**Further follow up recommended:**

A follow up telephone discussion

A meeting to discuss the child

A visit to observe the child in their current setting

A home visit