



Receiving school (if known, including location e.g. Bournemouth, Poole, West Moors, Christchurch):

.....  
(If school is unknown, please return form to parent/carer and ask them to hand to child's school when known.  
Please bring this completed document to the EY transition event to hand over to the receiving school)

**Child's Name:**

**Also known as:**

**D.O.B:**

**Languages spoken/used :**

**Early Years Setting:**

**Telephone number:**

**Name of manager:**

**Name of child's key person:**

**Family address (mandatory):**

Date started at setting:

Date of leaving setting:

Weekly hours of attendance (average):

Regular Attendance: **Yes** **Usually** **No**

Claiming EYPP:                      yes  no

Claimed 2yr old funding:        yes  no

Photo: (optional)

Attends or has previously attended another setting /provision, including a children's centre: *(please circle)*

**Yes**                      **No**                      **Not Known**

If yes, which setting /provision:

**Medical:** (including any previous serious illness, known allergies, medication administered regularly, any regular tests done in setting, special diet etc.) Is there a care plan in place?

Please provide a brief comment for each of the EYFS areas of learning outlining their strengths, areas for development or any other information you think will be useful for their new teachers.

## Prime areas of learning

### **Personal, Social and Emotional Development**

(Self-confidence & self-awareness, making relationships, managing feelings and behavior)

Next step...

### **Communication and Language**

(Listening & attention, understanding, speaking)

Next step...

### **Physical Development**

(Moving & handling, health and self-care)

Next step...

### **Specific Areas of Learning**

(Literacy, mathematics, understanding the world, expressive arts & design)

Next step...

**Additional Needs** (including details of learning or behavior support that has been beneficial to enable access to all Areas of Learning and Development in the EYFS.) **Please note this section is mandatory**

Stage of SEND Code of Practice:    **No SEN**            **SEN Support**            **EHC Plan**  
 Please circle as appropriate

Name of setting SENCO: .....

Has had Additional Support Funding:    Yes     No

Approximate hours per week:     Duration (terms)

Currently receiving Additional Support Funding:     Hours per week

**Other services/Assessments in place**

Community Pediatrician	<input type="checkbox"/>
Child Development Centre	<input type="checkbox"/>
Speech & Language Therapist	<input type="checkbox"/>
Occupational Health Therapist	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>
Social Care	<input type="checkbox"/>
Children's Centre	<input type="checkbox"/>
Portage	<input type="checkbox"/>
Early Help Assessment (EHA)	<input type="checkbox"/>
Registration Number of EHA	<input type="text"/>
Lead Professional Name:	<input type="text"/>

Other - please note:

**Strategies that have helped (please attach a separate sheet if necessary):**

Comments from my key person:

Comments from my parent or carer:

Key person signature: ..... Date:.....

Parent / carer signature: ..... Date:.....