# Early Years Transition Passport

**(to be completed in conjunction with the EYFS transfer record)**

|  |  |
| --- | --- |
| Please insert my photograph | **My name is ……………………… Date of Birth ………………….** **My transition passport will tell you all the about me and help you to get to know me better. These things are important to me and will help with my transition to my new nursery /school** |
| **People involved with me** |
| Name | Position | Present at Meeting Y/N | Report sent Y/N |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **What People like and admire about me?** |
| *
*
*
*
*

 |
| **Important information for you to know about me**  |
| **How I communicate** *
*
*
 | **How you can help me with this***
*
*
 |
| **Things I like to do.** *
*
*
 |
| **What makes me happy?** *
*
*
 | **When I am happy you may see …..***
*
*
 |
| **Things that may make me sad?***
*
*
*

**When I am sad you may see…..***
*
*
 | **How you can help and support me***
*
*
 |
| **Things that may make me feel anxious or worried.***
*
*
*

**How I might react at this time.***
*
*
 | **How you can help and support me** *
*
*
 |
| **What’s important for me to keep safe and well** |
| **How I move around the environment** *
*
*
 | **Equipment I may need to use.** *
*
*
 |
| **My Self-help skills** |
| **Things I can do by myself.** *
*
*
 | **Things I need help with.***
*
*
 |
| **How you can support me to be more independent** |
| *

  |
| **Other information relating to my dietary needs, health, allergies**  |
| *
*
*
 |
| **Signed by Parent/carer:****Date** | **Signed by Setting Representative:****Date** |