

**Early Years Foundation Stage
Transition Record for children with
Special Educational Needs & Disabilities**
To be completed with parent / carers

Name of child.....Date of Birth.....

Setting attended..... Name of School applied for:

Name of Parents / Carers / Social Worker with parental responsibility

Parent / contact telephone number.....

All other settings accessed since birth

Has child attended a setting during Covid-19 outbreak? If yes, under which category?

If yes, please identify which setting.....

If no, date child last attended setting/ last seen

Please contact the Covid- 19 setting representative below for further information/ hours attended.

Name..... Role

Contact telephone number Date:

Attendance Pattern (please highlight)	Full Time e.g. every day 30 Hours Funding Y/N	Part Time e.g. 5 Half days	Other e.g. 2 days
No of Sessions			
Attendance (please highlight)	Average		Below Average

Previous 2- Year-Old Funding	EAL First language: Support from EY team: Y/N	SEND Category of Need	Level of TIS support received	EYPP / DLA	Other Vulnerable Group
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Agency Involvement	Y/ N	Additional Information
Social Care (Including the Targeted Disability Service)		
Early Years Inclusion Team		
Health		
Speech & Language		

Start Well		
Educational Psychologist		
Early Help Completed		

Unique Child All about me – things I am currently interested in	Positive Relationships Special people in my life (e.g. my family, who lives in my house, pets, friends, key worker. Do family receive any support at home or need to be sign posted?)	Enabling Environments Areas of provision I like the most and how I access them.
Community Services, for example EMBRACE		

Learning and Development

Characteristics of Effective Learning	Comments	
Playing & Exploring Engagement		
Active Learning Motivation		
Creating and Thinking Critically Thinking		
EYFS – Prime Areas of Learning Please ensure you indicate when adult support is needed in each of the areas below		
<u>Personal, Social and Emotional Development (PSED)</u>		
Things to consider: Interactions with peers, making needs known to adults, accessing the environment – is this with adult support? Presenting behaviours: are Zones of Regulation used? Is a sensory diet in place? Are behaviours due to family factors?		
	What is working well?	What is not working/ needs to be done?

Making Relationships:		
Self Confidence & Self Awareness:		
Managing Feelings and Behaviours		

Communication & Language

Things to consider:
 Keys to Communication strategies including child's Blank level questions. Level of play (e.g. exploratory, large doll play). Intensive Interaction, what level is the child working at? Is the child becoming interested in / involved in Letters & Sounds Phase 1?

	What is working well?	What is not working/ needs to be done?
Listening & Attention		
Understanding		
Speaking		

Physical Development

Things to consider:
 Toileting training, independent skills e.g. walking up and down stairs, dressing and undressing, feeding. Does the child have the use of any specialist equipment?

	What is working well?	What is not working/ needs to be done?
Moving & Handling		
Health & Self Care		

The following information is included in this transition document	Y/N
EYFS Tracker / Pupil Card showing base line and most recent data	
A photocopy of the settings 2-year progress check document	
A copy of WellComm Assessment/ outcome if applicable	