

Early Years Foundation Stage Transition Record

To be completed at any point of transition to a new setting/school

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

Setting attended..... Name of new setting/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/ date last seen

Please contact the Nursery Manager/Childminder below for further information/ hours attended.

Name..... Role

Contact telephone number Date:

Attendance Pattern <small>(please highlight)</small>	Full Time e.g. every day	Part Time e.g. 5 Half days	Other e.g. 2 days
No of Sessions			
Attendance <small>(please highlight)</small>	Average		Below Average

Previous 2- Year-Old Funding	30 Hours Funding	EAL- Home Language: Support from EY team: Y/N	SEN/Disability	EYPP	Other vulnerable group (known to social care/deprivation funding/young carer etc)
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Characteristics of Effective Learning	Comments
Playing & Exploring Engagement	
Active Learning Motivation	
Creating and Thinking Critically Thinking	

Agency Involvement	Y/ N	Additional Information (name and contact details of professional involved)
Social Care		
Early Years Inclusion Team (EY Inc 4/TIS 1) Please attach support plan		
Health services		
Speech & Language		
Start Well		
Educational Psychologist		
Early Help in place		
<p>Please include the following information with this transition document:</p> <ul style="list-style-type: none"> • A copy of the 2 year check • Any ASQ assessments that have been completed 		