

COVID 19 Supported transition supplementary sheet to complete

Conversation with Parents/Carers

Name:	Setting:	School for September:
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Date Child was last in setting:
Has the child had to be shielded or isolated during the period at home?
If yes please give brief details below:

Progress and development at home

How independent am I now?	
What has interested me whilst at home?	
New things I can do or have tried?	

What have been the challenges for both family and child?

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Any other comments from parent they wish school to know?

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Signature of person completing form:..... Date: \_\_/\_\_/\_\_

Verbal consent to share information with school given by:..... Date: \_\_/\_\_/\_\_

Copy sent to parent: Yes  No