

South Gloucestershire Early Years Transition Form

Name of Child		Date of birth	
Parental Responsibility			
Who shares the child's family home?			
Early Years Setting Attended			
Name of Key Person			

Child's Attendance (Please Circle)	Excellent	Good	Irregular / Intermittent	%
			Yes	No
Does the child have a pattern of broken weeks (e.g. missing one or more planned sessions in a week)?				

Has the child received support through:	Yes Previously	Yes Currently	No
A Single Assessment for Early Help (SAFeh)			
A Child Protection Plan / Child In Need Plan			
An SEN Support Plan <i>(please include last 2 support plans and any professional reports)</i>			
If Yes, is Supported transition plan attached			
Two Year Old Funding			
Early Years Pupil Premium			
Inclusion Funding			

Tell us about the child's general health / medical needs

PEN PORTRAIT

Consider information about how the child communicates; how they interact; their development & learning styles; physical skills; characteristics of effective learning; child's likes / dislikes; what they may need help with

ADDITIONAL INFORMATION To be completed by the parent/carer

Tell us about your child and any circumstances in their life which could impact on their learning and development.

I/We agree to the child's learning diary being passed to school and that it will be returned to the parent/carer by the end of Term 1.

I/We agree that the information recorded on this form may be used to support my/our child as they move into school. Any personal information you have supplied will be held by the relevant setting in accordance with the Data Protection Act.

Parent/Carer Signature		Date	
Practitioner Signature		Date	