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**EARLY YEARS**

**SUPPORTED / ENHANCED TRANSITION TO SCHOOL**

**This form should be completed for children who are in receipt of Early Years Inclusion Support Fund (EYISF) at Band B or C and who the setting believe would benefit from Transition Support Fund (TSF) when transitioning into school**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child** |  | **Name of parent(s)** |  |
| **Date of birth** |  | **Date of entry** |  |
| **Current setting** |  | **Receiving school (if known)** |  |
| **Level of funding awarded at the early years setting (Band B or C)** |  | **Funding period** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Professionals who are currently or who have been involved** | | | |
|  | **✓** |  | **✓** |
| Educational Psychologist |  | Hearing Support Service |  |
| Speech and Language Therapist |  | Visual Support Service |  |
| Physiotherapist |  | Early Intervention Officer |  |
| Occupational Therapist |  | Early Support Worker |  |
| Paediatrician |  | Social Worker |  |
| Portage |  |  |  |
| Other professionals (i.e. Health Visitor, School Nurse) | | |  |

**My Transition Plan to School**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Summer Term in Preschool** | | | | |
| **Action / Provision** | **Strategies** | **Person Responsible** | **Date to Complete** | **Additional Comments** |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **School Transition** | | | | |
| **Action / Provision** | **Strategies** | **Person Responsible** | **Date to Complete** | **Additional Comments** |
|  |  |  |  |  |

**Please attach all relevant evidence in support of this application (**see EYISF and TSF Guidance Document for further guidance**)**

**Consent**

**Pre-school Agreement**

Please tick to acknowledge agreement

The preschool school has liaised with the school and parents and the information has been shared. The needs of the child and the importance of an enhanced transitions has been shared and is understood by all.

The preschool has made a commitment to support the transition of the child into the Reception Year at school and will share all information and documentation as part of the enhanced transition process.

|  |  |  |
| --- | --- | --- |
| **Referrer name (preschool)** | **Referrer signature** | **Date** |
|  |  |  |

**School Agreement**

**To be completed only if the form as been completed in partnership with the school. Otherwise the school should complete the Transition Form for Schools and send to the panel separately.**

**Agreement from the receiving school**

Please tick to acknowledge agreement

The school has liaised with the preschool setting and parents and the information has been shared.

The school is making a commitment to support the transition of the child into the Reception Year at school and will review this with the parent at the end of term 1.

The school will follow the graduated response under the code of practice and use the funding to support the child throughout their Reception Year, submitting an evaluation report to the panel at the end of the year.

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| --- | --- | --- |
| **Referrer name (school)** | **Referrer signature** | **Date** |
|  |  |  |

**Parental/carer consent**

|  |  |
| --- | --- |
|  | **Please tick**  **ü** |
| I confirm that my child’s educational setting has discussed this request with me and I have been fully informed in the decision to make a request for Transition Support funding. |  |
| I support the educational setting’s view that a request for Transition support funding should be considered. |  |
| I understand that I will have an opportunity to be part of the Enhanced supported transition into school meetings to provide further information about my child/young person’s special educational needs. |  |
| I give consent for information to be shared between professionals within South Gloucestershire Council, professionals on the ISF Panel and with health professionals involved in my child’s care for the purposes of an application for Transition support funding and ongoing support |  |
| I have read a copy of the [Privacy Notice](https://sgca.fusionvle.com/get.php?4L24262525C2629__46454242X724__42429285428262327572U25353282XXa24572350) and agree to information it contains |  |

Early Years settings must ensure that parent/s or carer/s signing the form have parental responsibility and that they have given informed consent for the request to be made.

**N.B. IF NOT SIGNED, THIS REQUEST WILL BE RETURNED**

|  |  |  |
| --- | --- | --- |
| **Parent/carer name and address (please print)** | **Parent/carer signature** | **Date** |
|  |  |  |

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| --- |
| **Please submit this form to your secure setting locker on the VLE**  **You will need to notify panel you are submitting this information by emailing the**  **EYISF panel administrator**  [ISENDSupport@southglos.gov.uk](mailto:ISENDSupport@southglos.gov.uk) |