



EARLY YEARS SUPPORTED TRANSITION TO SCHOOL

Name of child		Name of parent(s)	
Date of birth		Date of entry	
Current setting		Receiving school	

	✓		✓		✓
SEN Support Plan		Individual Behaviour Plan		Medical Care Plan	

EHC Plan			
Date requested		Date started	

Inclusion Funding			
Funding Awarded? Yes/No			
Funding period		Level awarded	

Those who are currently or who have been involved <i>(please attach any professional reports)</i>			
	✓		✓
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)			

These are my strengths and what I can do for myself

What is important to me, including motivators and how I learn best (this is an opportunity to capture the child's voice)

These are my needs including triggers				
Communication and Interaction				
Social, Emotional and Mental Health				
Sensory and/or Physical				
Cognition and Learning				
Assessment		PSED	PD	C&L
	On entry or 2yr check – most recent (date)			
	Current (date)			

How I can be supported / Interventions		
	Tick if yes ✓	Please add further details here if ticked, including resources personalised for the child
Attention Bucket		
Supporting play skills (e.g. Identiplay Lego therapy)		
Visual supports (objects of reference, photos, pictures)		
Sensory support strategies		
Specific learning space / work station		

Reducing language / use of key words / PECS / Makaton		
Language / comprehension intervention		
Physical skills interventions		
SEMH interventions e.g. emotion activities		
Independent skills support		
Other		

What a successful transition for me will look like – 3 success statements:	Achieved Yes ✓ No ✗