

Photo of Child

**Torbay Early Years Transition Document**

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| --- | --- | --- |
| Name of Child: |  | |
| Date of Birth: |  | |
| Today’s Date: |  | |
| Name of Setting: |  | |
| Key Person: |  | |
| Contact Number: |  | |
| EYPP | Yes | No |
| 2yr Funding | Yes | No |
| Sessions | Per week (in hrs) | Attendance % |
| Parents Comments and questions about their child starting school… | | Additional Comments – (Managers, Key Person, Designated Person, SENCO) |
| My wishes for starting school… | | My worries about starting school… |

**Torbay Early Years Transition Document- My Learning**

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| **Characteristics of Effective Teaching and Learning** | |
| **Playing and Exploring** |  |
| **Active Learning** |  |
| **Creating and Thinking Critically** |  |

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| --- | --- | --- |
| Area of learning | Age band | Comments (strengths/support) include how EYPP and deprivation payments have been used to support the child. E.g. any interventions, one to one support etc. |
| **Personal Social & Emotional Development** |  |  |
| Making Relationships |  |  |
| Self Confidence & Self Awareness |  |
| Managing Feelings and behaviours |  |
| **Communication and Language** |  |  |
| Listening and Attention |  |  |
| Understanding |  |
| Speaking |  |
| **Physical Development** |  |  |
| Moving &Handling |  |  |
| Health & Self-care |  |
| **Literacy** |  |  |
| Reading |  |  |
| Writing |  |
| **Mathematics** |  |  |
| Number |  |  |
| Shape, Space & Measure |  |
| **Understanding the World** |  |  |
| People & Communities |  |  |
| The World |  |
| Technology |  |
| **Expressive Art and Design** |  |  |
| Exploring Media & Materials |  |  |
| Being Imaginative |  |

**Torbay Early Years Transition Document- Additional Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SEN | Yes | No |  | |
| EHCP | Yes | No | | |
| Monitored for potential SEN? | Yes | No | | |
| Referral to Educational  Psychologist? | Yes | Date of assessment: | | No |
| Date of report: | |  |
| Comment : | |
| One to One support in currently or in the past? | Yes | If yes what for, when and for how many hours per week? | | No |
| Other Agencies involved (please list) |  |  | |  |

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| --- | --- | --- | --- | --- |
| Is the Child currently part of CP, CIN or LAC, TH | Yes (detail which one) | No | * Further information to follow from setting?   ***(confidentially and securely, with parental consent)*** | Yes/No |
| * School to ring EY setting?   ***(must have talked through the conversation with parents first)*** | Yes/No |
| * If the child is LAC which LA is responsible for them | |
| * Start date: | |
| Current Social Worker Or Family Support worker involvement? | Yes | No | Name and Contact Number and Department: | |
|  | |
| Any other professionals involved? | Yes | No | If yes please list names and contact details: | |
|  | |
| Has the child had any previous/closed CP, CIN, TH | Yes | No | With parental consent, briefly explain below, giving dates | |
|  | |
| Any other relevant information to enable the appropriate support to be given? | Yes | No | With parental consent, briefly explain below, giving dates | |
|  | |
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| **Parent/Carer declaration: ‘***I agree for the information contained within this form or any attached documents to be shared with relevant professionals, including any safeguarding concerns, in order to enable appropriate support for my child at points of transition and beyond’*  **Parent/Carer signature Date:** |