**2020 Transition summary**

**Setting (plus room name) or Childminder name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (known as) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M/F (delete as appropriate)

Family position: (e.g. 2 of 4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EAL: Y/N (delete as appropriate)

Home Language(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asylum Seeker: Y/N (delete as appropriate) CLA / CP/ CIN (delete as appropriate)

Medical needs/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 year progress check/integrated review: Y/N 2 year old funded: Y/N (delete as appropriate)

Attendance at settings (No of days and FT/PT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEND: Y/N EYSIF FUNDING: Y/N EHCP: Y/N (delete as appropriate)

A pre / post (delete as appropriate) transition discussion would be recommended

Learning and independence (make reference here to PSED, PD, C&L and Self-care practices):

|  |
| --- |
| The type of person I am (please include any friendships):Things I like to do and play with: Things I am good at:Things I may need some support with or find tricky:How I communicate and interact:Where I was in my learning when I last went to the setting: Below ARE/ At ARE / Above ARE |
| I can confirm that parents have agreed for this information to be shared with new setting/school: |
| Manager’s name and contact: | Date: |