# Transition Information

*This document is designed to be used to support children who are transitioning into school who may require an enhanced transition, including children with Special Educational Needs and Disabilities (SEND), and those with an EHCP.*

| ***Basic Information (Child and Current Setting)*** | | | | | ***Receiving School*** | |
| --- | --- | --- | --- | --- | --- | --- |
| ***Child’s Name:*** |  | ***DoB:*** |  | | **Name:**  **Address:**  **Tel No: Email:**  **SENCo:** | |
| ***Current Setting Name:*** |  | ***Other Settings/clubs/ classes attended:*** |  | |
| ***Setting Contact Number:*** |  | ***Sessions per week:*** |  | |
| ***Date of Entry:*** |  | ***Person completing form:*** |  | |
| ***Parent/Carer Details*** | | | | ***Additional Parent/Carer Details*** | | ***Is the child in the process of/or already has an EHCP or SENIF in place?*** |
| **Name(s):**  **Home Address:**  **Tel No:**  **Email:**  **Relationship to Child:** | | | | **Name(s):**  **Home Address:**  **Tel No:**  **Email:**  **Relationship to Child:** | | *Please including details on dates, funding received etc.* |

| ***Transition Checklist*** | | | | |
| --- | --- | --- | --- | --- |
| **Theme** | **Details** | **Responsible Person** | **Comments (including concerns)** | **Completed** |
| **Communication between all parties** | The child’s family, current setting, receiving school, the Early Years SEND Inclusion Team, and other involved professionals (Health, CFWS, Social Care etc.) have discussed the transition, including agreeing input in the transition process with all the professionals involved (e.g. attending transition meetings, providing transition reports etc). |  |  |  |
| Regular touchpoints have been established between the child’s family, current setting and receiving school. |  |  |  |
| The Early Years SEND Inclusion Team, health professionals and child’s setting have shared relevant documents/reports with the receiving school. |  |  |  |
| **Supporting the childs individual needs** | Early Years Inclusion funding for additional transitional support has been applied for and agreed, if applicable |  |  |  |
| If applicable, the child’s receiving school has been directed to specific transitional support for children with physical and medical needs, found on the LCC website. |  |  |  |
| The details (number, time of day, classroom vs non-classroom) of the child’s visit(s) to their receiving school have been agreed by their family, current setting, and the receiving school |  |  |  |
| **Supporting the childs family** | Parent/carers preferred choice of school (mainstream/specialist) is shared with the Early Years provision and professionals involved (if applicable) |  |  |  |
| Parent/carers concerns around transition have been identified and discussed with them |  |  |  |
| Parent/carers are confident in the confirmed school choice for their child |  |  |  |
| Parent/carers have had designated time with their child’s receiving school to ask any practical questions they have |  |  |  |
| The child’s current setting and the Early Years SEND Inclusion Team, have identified whether the child’s parent/carers will need additional support during the transition, and support is put in place if applicable |  |  |  |
| **Additional funding** | The child’s Early Years SEND Inclusion Team has advised whether an application for additional funding at school could be requested, and what type (SENIF, EHCP), which has been agreed by the child’s family and current setting |  |  |  |
| The identified funding has been acknowledged and communicated with the receiving school. |  |  |  |
| Where possible, funding applications (if applicable) have been made within realistic timelines for the child starting school |  |  |  |
| **Supporting the school to support the child** | The child’s receiving school has visited the current setting to understand the provisions in place and how best to replicate it. Child’s parent/carers fully understand what resources that are/aren’t available in the receiving school that the child could benefit from. Parent/carers may also want to consider asking about before and after school clubs |  |  |  |
| The child’s receiving school has been directed to self-serve (website) resources on how best to support the child |  |  |  |
| The Early Years SEND Inclusion Team and the child’s current setting have agreed whether the child’s receiving school needs additional direct training/support, either before the child starts or at the transition point |  |  |  |
| For children with medical needs, the receiving school has agreed to and completed training relevant staff in supporting them, prior to the child starting school |  |  |  |
| If appropriate, the implementation of the child’s Individual Health Care Plan has been agreed by the receiving school |  |  |  |
| Arrangements have been made to implement the Occupational Therapist (OT) advice regarding necessary adaptations to the school environment |  |  |  |
| Any onward referrals to other services need to be completed by the receiving school or the Early Years SEND Inclusion Team, after consultation with the school. |  |  |  |

*If a child has an EHCP, there is no requirement to complete the rest of the Transition Document.*

*However, the rest of the document could be completed for children with an EHCP if supportive for involved parties, as the focus is on Transition, but please be reminded, the EHCP should always be used by all staff as the legally binding plan for the child.*

*For all other children who require an enhanced transition, please complete the rest of this document.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Please give a brief summary statement for why you feel the CYP requires an enhanced transition*** | | | |
| *If applicable, you may wish to include information around the CYP medical needs, including any diagnosis, communication, self-help, and anything else appropriate for the child.* | | | |
| ***Attainment*** | | | ***Child’s Strengths:*** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Personal, Social & Emotional Development** | Self-regulation |  | **Literacy** | Comprehension | |  | | Managing self |  | Word reading | |  | | Building relationships |  | Writing | |  | | **Physical Development** | Gross motor skills |  | **Understanding the World** | Past and present | |  | | Fine motor skills |  | People, culture, and communities | |  | | **Communication & Language** | Listening, attention and understanding |  | The natural world | |  | | Speaking |  | **Expressive Arts & Design** | Creating with materials | |  | | **Mathematics** | Number |  | Being imaginative and expressive | |  | | Numerical patterns |  | **Chronological age at assessment:** | |  | | | | | *You may wish to include likes/dislikes and what motivates the child within this section* |
| ***Areas of Need:*** | | | |
| * Communication and Interaction * Cognition and Learning | | * Social, Emotional and Mental Health * Sensory and/or physical | |
| ***Adaptations, Equipment and Auxiliary Aids used in current setting (including training required)*** | ***Professionals Involved*** | | |
| *Consider what is required, when and where when completing this section* | |  |  |  |  | | --- | --- | --- | --- | | **Agency/Service** | **Name** | **Telephone Number** | **Email** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | |
| ***Current Support/Provision*** | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **What support/provision is currently in place?** | **How often/for how long?** | **What has been the impact of this support/provision?** | **How will this be replicated or extended in next school?** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | |
| ***Parent/Carer Comments*** | | | |
| *You may wish to include who is important in the child’s life (parent/cares, grandparents, cousins), what you feel is working well at the moment, what do you feel is needed to support transition into school, what additional support do you give your child at home and what you want for your child’s future.*  I agree for this form to be passed on to the receiving school  Name: Date:  Signature: | | | |