**Cohort Transition (Adapted from West Sussex) Example 1**

A collection of transition documents collated and adapted by Swindon Borough Council.

**Effective Transition Forms**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name:** |  | | | | **Date of Birth:** |  | | **Age in months on completion:** | | |  |
| **Key Details:** | **EAL?**  **2 yr FE?**  **EYPP?** | **Setting name:** | |  | | | | **Key Person:** | |  | |
| **What are my strengths, talents and interests?** | | |  | | | | **What’s Important to me?** | |  | | |
| **What can you do to support me?** | | |  | | | | | | | | |

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|  | Prime | | | | Specific | | | |
| **Personal, Social & Emotional** | Communication & Language | **Physical** | **Literacy** | | **Mathematics** | **Understanding the World** | **Expressive Arts and design** |
| **Birth to Three** |  |  |  |  | |  |  |  |
| **3 & 4** |  |  |  |  | |  |  |  |
| **Reception** |  |  |  |  | |  |  |  |

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| **Childs Name** | **Date of Birth** | **Additional information** | **Child strengths and interests** | **Prime areas** | | | **Specific areas** | | | |
| **PSED** | **CL** | **PD** | **L** | **M** | **UW** | **EAD** |
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**Cohort transition (adapted from Kirklees) Example 2**

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**The following documents could be useful for the transition of SEND pupils**

**SEN Transition Form (Adapted from Islington)- EXAMPLE 1**

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| **Which Transition phase**  **is the focus***(circle or delete)* | **In -Transition -** home to setting | | | | | **Between Phases -** room to room | | | | | |
| **Setting name** |  | | | | | | **Name of the SENCO** | | |  | |
| **Child’s Name** |  | | | **Date of Birth** |  | | **Name of Parent / Carer / Guardian** | | |  | |
| **Contact number/s** |  | | | | | | **Email** |  | | | |
| **Home language / spoken** |  | | | | | | **Name of any siblings** | | |  | |
| **Name of current setting (if relevant)** |  | | | | | | **What term / year is the child expected leave**  **to leave your setting?** | | |  | |
| **Name of receiving setting** |  | | | | | | **Will the child require SEND Funding?** | | |  | |
| **Does the child have an EHCP** | Yes | No | **If yes, date request was submitted**  **to SEN department** | | | |  | | **Or has an EHCP been issued?** | |  |
| **Is the child an eligible 2YO?** |  | | **If yes, can you confirm you**  **have seen proof** | | | |  | |  | | |
| **Does the child have any disability specialist equipment?** |  | | **If yes, please list items that will be transitioning with the child** | | | |  | | | | |

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| **Attendees present to agree transition SEN support plan** | | | | | |
| **Name** | **Role** | **Email** | **Contact number** | **Signature** | **Action number** |
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| **Date of meeting** |  | **Review date** |  | | |

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| **Action** | | **Strategy** | **By Whom (initial)** | **By When (date)** | **Outcome** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |

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| **Supporting Documentation *(Please tick which documents you will be submitting alongside this plan)*** | | | | | |
| Early Help Assessment |  | Short Term Plan |  | Education Health and Care Plan |  |
| Social Communication Team Multi-disciplinary report / recommendations |  | Early Years Developmental Team recommendations |  | Medical reports / Health Care Plan |  |
| Other (list) |  |  | | | |
| **Additional Information *(Please record any items discussed relevant to the plan)*** | | | | | |
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| **Child Passport** | **Name** |  | **DOB** |  | **Term** |  | **Passport Number i.e 1, 2, 3** |  |

**What people like and admire about me**

**Insert Photo of the child**

**How best to support me?**

**I communicate by**

**What’s important to me**

**Likes and dislikes**

# Settling In Review (Adapted from Islington)

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| Settling-in Review |

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| **Guidelines** |
| Staff should comment on:   * The child's developing relationships and interactions with other children and adults and the child’s preferred activities * What they have observed the child doing in the six areas of learning and ask parents/carers for their contribution to these observations * You should always give children at least six weeks to settle into a new environment and some children may take longer * If during the six-week settling-in period a concern about an aspect of a child's development becomes apparent, this review would be a good place to sensitively raise mention your concerns to the parent. * If a child already has an identified special educational need you should still give them the six weeks to settle in before initiating a short term plan. You should continue using the strategies discussed in the transition meeting and put in place any resources needed to support the child. |

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| **Settling name** |  | **Start Date** |  |
| **Childs name** |  | **DOB** |  |
| **Parents name** |  | **Staff member** |  |
| **Date of meeting** |  | **Review date** |  |

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| **1** | **How do you feel your child has settled in?** | |
|  | | |
| **2** | **Have there been any difficulties in your child’s ability to settle? If yes, please specify** | |
|  | | |
| **3** | **Describe any aspect of your child’s learning and development you may have any concerns about?** | |
|  | | |
| **4** | **What do you feel has gone well?** | |
|  | | |
| **5** | **What do you think your child enjoys most about being at nursery? *Discuss the 3 prime areas?*** | |
|  | | |
| **Any other comments** | | |
|  | | |
| **Next steps** | | **What actions can be taken to further support the settling in process?**  ***i.e extend the settling in for another 2 weeks?*** |
|  | | |

**Early Years School Entry Plan-EXAMPLE 2**

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| **Current Setting:** | |  | | | **Name of SENCO:** | |  | | | | |
| **Receiving Setting:** | |  | | | **Name of SENCO:** | |  | | | | |
| **Childs Name:** | |  | | | | **Date of Birth**: | | |  | | |
| **Name of parent/carer/guardian** | |  | | | **Contact Number/s:** | |  | | | | |
| **Email:** | |  | | | **Home Language:** | |  | | | | |
| **Early Help Assessment** | | Yes | No | | **Date Started:** | |  | | | | |
| **Education, Health and Care plan** | | Yes | No | | **Date Issued/ Request Submitted:** | |  | | | | |
|  | | | | | | | | | | | |
| **Agencies/ Professionals Currently Involved** | | | | | | | | **Does their involvement need to continue?** | | | |
| **Role** | **Name** | | | **Contact Details** | | | | **Yes** | | **No** | **Present at meeting** |
| Area SENCO |  | | |  | | | |  | |  |  |
| Educational Psychologist |  | | |  | | | |  | |  |  |
| Speech and Language Therapist |  | | |  | | | |  | |  |  |
| Physiotherapist |  | | |  | | | |  | |  |  |
| Occupational Therapist |  | | |  | | | |  | |  |  |
| Health Visitor |  | | |  | | | |  | |  |  |
| Paediatrician |  | | |  | | | |  | |  |  |
| Portage Worker |  | | |  | | | |  | |  |  |
| Physical and Medical Services |  | | |  | | | |  | |  |  |
| Hearing Support Advisor |  | | |  | | | |  | |  |  |
| Visual Support Advisor |  | | |  | | | |  | |  |  |
| Social Worker |  | | |  | | | |  | |  |  |
| Family Support worker |  | | |  | | | |  | |  |  |
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| **Area of Strength** | **Evidence of Strength** |
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| **Area of Need** | **Evidence of Need** |
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| **School Entry Plan** | | | |
| **Outcomes** | **Action to meet outcomes** | **When** | **Person responsible** |
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**School Entry Plan Review**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date of Review:** |  | **Date of Entry:** |  | | **Date of Next Review Meeting:** |  |
| **Present at Meeting:** |  | | | **Apologies:** |  | |
|  | | | | | | |
| **Progress/ What has gone well?** | | | | | | |
|  | | | | | | |
| **Additional Issues/Concerns** | | | | | | |
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| **Childs Views** | | | | | | |
|  | | | | | | |
| **Parent Views** | | | | | | |
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| **School Entry Plan Review** | | | | | |
| **Outcomes** | **Action to meet outcomes** | **When** | **Person responsible** | **Action met** **Y/N** | **Review of outcomes** |
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| **Review Meeting New Targets** | | | |
| **Outcomes** | **Action to meet outcomes** | **When** | **Person responsible** |
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**Early Years SEND Transition (Adapted from ?) EXAMPLE 4**

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| **Current Setting:** |  | | | | | **Name of SENCO:** | | | | |  | | | | | |
| **Receiving Setting:** |  | | | | | **Name of SENCO:** | | | | |  | | | | | |
| **Childs Name:** |  | | | | | | | | | **Date of Birth**: | | | |  | | |
| **Name of parent/carer/guardian** |  | | | | | **Contact Number/s:** | | | | |  | | | | | |
| **Email:** |  | | | | | **Home Language:** | | | | |  | | | | | |
| **Early Help Assessment** | Yes | | No | | | **Date Started:** | | | | |  | | | | | |
| **Education, Health and Care plan** | Yes | | No | | | **Date Issued/ Request Submitted:** | | | | |  | | | | | |
| **Prime Area Assessment** | | | | | | | | | | | **Date Completed:** | | | |  | |
| **Area Of Learning and Development** | | | | **Attainment** | | | | **Next Step** | | | | | | | | |
| **Personal, Social and Emotional** | | | |  | | | |  | | | | | | | | |
| **Communication and Language** | | | |  | | | |  | | | | | | | | |
| **Physical Development** | | | |  | | | |  | | | | | | | | |
| **Please identify the levels of additional support required to meet the child’s needs.**  6 = highest level of support required to meet needs  0 = no concern, appears broadly age appropriate | | | | | | | | | | | | | | | | |
| **Area** | | **6** | | | **5** | | **4** | | **3** | | | **2** | **1** | | | **0** |
| 1. Child’s early literacy skills | |  | | |  | |  | |  | | |  |  | | |  |
| 1. Child’s early numeracy skills | |  | | |  | |  | |  | | |  |  | | |  |
| 1. Child’s speech and language skills | |  | | |  | |  | |  | | |  |  | | |  |
| 1. Child’s non-verbal communication skills | |  | | |  | |  | |  | | |  |  | | |  |
| 1. Child’s independence and autonomy | |  | | |  | |  | |  | | |  |  | | |  |
| 1. Child’s level of stress | |  | | |  | |  | |  | | |  |  | | |  |
| 1. Child’s relationship with adults | |  | | |  | |  | |  | | |  |  | | |  |
| 1. Child’s relationship with peers | |  | | |  | |  | |  | | |  |  | | |  |
| 1. Child’s safety in environment | |  | | |  | |  | |  | | |  |  | | |  |

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| **External Agency Involvement (please name professional)** | | | | | | |
| **Agency** | | **Yes/No** | | **Current** | **Previous** | |
| EYQI | |  | |  |  | |
| SaLT | |  | |  |  | |
| Ed. Psych | |  | |  |  | |
| Paediatrician | |  | |  |  | |
| OT/PT | |  | |  |  | |
| Family Support | |  | |  |  | |
| Other | |  | | | | |
| **Support received in nursery, use and impact of funding / CPD** | | | | | | |
| Inclusion Fund  Level 1  Level 2  Level 3  Level 4 | |  | | | | |
| DAF (Yes/No) | |  | | | | |
| EYPP (Yes/No) | |  | | | | |
| **Additional information** | | | | | |
| **Strengths** | | | **Difficulties** | | |
|  | | |  | | |
| **I give consent for this information to be shared with the Primary School offered to my child.** | | | | | |
| **Signed by parent** |  | | | | |
| **Date** |  | | | | |

**Transition Timeline for Children with SEND – EXAMPLE 4**

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| --- | --- | --- |
| **Key Dates and Actions** | **Key Actions to follow** | **Progress/comments** |
| **16th April**  Primary school allocations | * Setting to begin to talk to parents about transition plan * Gain parents’ permission to share plan with school * Invite the receiving school to contribute to the plan either via online or face-to-face meeting |  |
| **By 21st May**  EY SEND Information Form shared with school | * Share EY SEND Information Form with School, Parents and send a copy to SW SEND Team if child receives Inclusion Fund. * Implementation of Transition Plan * Supported visits to school or online tours * Home visits or online calls to home * Pictures of school and teachers shared with child * Information about the school shared with child and parents |  |
| **By Late June** | * Child Action Meeting to review early Help assessment and Action Plan * Plan for School to take on role of Lead Professional * Support school to carry out Risk Assessment of environment (if needed) * School to carry out Reasonable adjustments Audit (if needed) * Share up to date All About Me, including information from Parents |  |
| **July** | * Use of Inclusion Fund to support additional visits to school * Share Summative assessments with school including any changes to One Page Profile, recent targets, Steps on Developmental Journal, WellComm, etc (as appropriate) * School take on role of Lead professional |  |
| **August** | * Keep in touch conversations as needed |  |
| **September** | * Contact school to see how the child is settling. Support with any additional information |  |

**Early Years Transfer Form (Adapted from Oxford) EXAMPLE 5**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Childs Full Name:** | | | **Date of Birth:** | | | **Age in Months at time of assessment:** | | | |
| **Names used if different from above:** | | | | **Parent/Carer/Guardian Name:** | | | | | |
| **Language spoken at home:** | | | | | **Contact Details:** | | | | |
| **Name of current setting:** | | | **Date of Entry:** | | | **Hours Per Week** | | | **Transferring to:** |
| **Other settings attended:** | | | **Early Help: Y/N** | | | **EHCP:**  **Y/N** | | | **Form completed by:** |
|  | | | | | | | | | |
| **Current Achievements in Prime Areas** | | |  | | | | | | |
| **Area Of Learning and Development** | | **Attainment** | | | | | **Next Step** | | |
| **Personal, Social and Emotional** | |  | | | | |  | | |
| **Communication and Language** | |  | | | | |  | | |
| **Physical Development** | |  | | | | |  | | |
| **Characteristics of Effective Learning** | | |  | | | | | | |
| **Playing and Exploring:** | **Active Learning** | | | | | | | **Creating and Thinking Critically** | |
|  |  | | | | | | |  | |
|  | | | | | | | | | |
| **Other agency involvement:** |  | | | | | | | | |
| **Name** | **Role** | | | | | | | **Contact Details** | |
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| **What things will help to make a positive transition?** | |  | | | |
| **What will help?** | **Who will be involved?** | | **Actions** | **Resources** | **By when?** |
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| **Training needs for receiving school/setting** | | | | | |

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|  | | **All About….** | |
|  | | | | | |
| **People who are important to me** | | **This is how I communicate** | | **What people like and admire about me** | |
| **What’s important to me** | **Photograph of Me** | | **Photograph of my family** | | **Likes and Dislikes** |
| **What’s important to keep me healthy and safe?** | | **My Culture** | |

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| **Communication Chart** | |  | | |
|  | …………………………..’s Communication Chart | | |  |
| **When . . . . . . . . . does this** | | **We think it means** | **And we should . . . . . .** | |
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Adapted from ‘Filling in the All About Me’ A guide for parents by Oxfordshire Family Support Network