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

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

**Effective Transition Forms**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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?** |  |

|  |  |  |
| --- | --- | --- |
|  | 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
|  |  |
| **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** |
|  |
| **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 needs0 = 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 1Level 2 Level 3Level 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**

|  |  |  |
| --- | --- | --- |
| **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