Transition report template

Complete this report for all children moving between early years providers, or from an early years provider to a primary school.

1. Summary

Child's name	
Child's DOB	
Child's gender	
Language(s) spoken	
Current provider	
Attendance at current providers	• Start date: • Finish date: • Number of terms on roll: • Attendance pattern/type of placement:
New provider/setting name	
Transition type *(tick)*	☐ Starting school ☐ Moving between early years providers Other please state
Individual transition meeting required *(tick)*	☐ Yes ☐ No
Any other action(s) required supporting transition?	
Additional information attached please list *(tick as appropriate)*	☐Medical information/reports ☐SEN Support Plans ☐Reports from outside agencies e.g. Speech Therapy, SCERTS Assessments
Professional(s) supporting or involved this child	

2. Key characteristics, support and funding

Child's key characteristics - *tick as appropriate*	☐ Child looked after ☐ English as an additional language (EAL) ☐ Refugee status ☐ Other (please state)

Support and funding being accessed - *tick as appropriate*	☐ Early Years pupil premium plus(EYPP) ☐ Free early education for two-year-olds (FEE2) ☐ Disability access funding (DAF) ☐ Special educational needs inclusion funding (SENIF) ☐ Family support ☐ Other (please state)

3. SEND and health needs

Complete the table below regarding this child's two-year-old developmental review, progress check and any known SEND or wider health need.

Two-year-old developmental review (Health)	• Date completed: • Notes/concerns/Actions:
Two-year-olds progress check (EYFS)(Education)	• Date completed: • Notes/concerns/Actions:
Known health needs e.g. asthma, allergies, any dietary requirements	
Known special education needs or disabilities (SEND)	
Known resources and/or equipment which will accompany child	
SEND status - *please tick as appropriate*	☐ SEN support ☐ EHCP plan ☐ Emerging Needs ☐ Non applicable
Key Next Steps/Actions	

4. Learning and development

EYFS learning area	Assessment on entry to current setting	Assessment on exit of current setting	Additional comments (e.g. progress, next steps, support needed)
Communication and language			
Physical development			
Personal, social & emotional development (PSE)			
Literacy			
Mathematics			
Understanding the world			
Expressive arts and design			

5. Child at a glance

Complete the table below from the child's perspective to help their new setting get to know them.

I like/I am good at….	
I do not like ….	
I need help with ….	
It helps me if you … (Include known strategies)	

6. Comments from current provider

Complete the table below with any additional information you want to pass on to the new setting e.g. significant events, comments on progress, strategies

7. Comments from parent(s)/carer(s)

Parent/carer name(s)	
Language(s) spoken - *please indicate if an interpreter may be needed*	
Parent/carer comments - *please ask the child's parent(s)/carer(s) to complete this box with any key information they would like to share with the new setting.*	
Consent to share information - *please ask the child's parent(s)/carer(s) to complete and sign this section*	I/We give consent for my child's current early education provider to share this report and other relevant information with my/our child's new nursery/school and relevant education and health professionals. Parent/carer name: Relationship to child: Date: Parent/carer signature:

8. Sign-off

Ensure this transition report is signed off.

Key person (print name, sign and date)	
Key person contact details	
Head of setting (print name, sign and date)	
Practitioner completing this report	

Transition Action Plan

Action (e.g. photo books, extra visits, settling in plan, resources, access, training, staffing)	**By Whom** (e.g. parent, setting, school, professionals, dates, timescales)