TRANSITION FORM

**CROYDON**

**www.croydon.gov.uk**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details** | | | | | | | | | | |
| **Child’s First name** | | |  | | | **Child’s**  **Surname** | |  | | |
| **Child’s Date of Birth** | | |  | | | **Child’s Gender** | | | **Female Male** | |
| **Name of setting** | | |  | | | | | | | |
| **Setting Phone No** | | |  | | | | | | | |
| **Setting email** | | |  | | | | | | | |
| **Name of key person** | | |  | | | | | | | |
| **How long has the child attended the setting?** | | | | |  | | | | | |
| **Hours per week attended** | | |  | | | | | | | |
|  | | |  | | | | | | | |
| **Practitioner Checklist** | | | | | | | | | | |
| **Good attendance (94%+)** | | **Yes No** | | **Receives Early Years Pupil Premium** | | | | | | **Yes No** |
| **English as an additional language** | | | **Yes No** | | | | | | | |
| **Able to understand English** | | | **Yes Some Key vocabulary No** | | | | | | | |
| **Able to speak English** | | | **Yes Some Key vocabulary No** | | | | | | | |
| **Uses Toilet** | **Independently With Support** | | | | **Can feed self** | | **Independently With Support** | | | |
| **Can put coat on** | **Independently With Support** | | | | **Can put shoes on** | | **Independently With Support** | | | |
| **Can read own name** | **Yes No** | | | | **Can write own name** | | **Yes Can Beginning No**  **Copy to** | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medical Conditions**  **(please specify)** |  | | | | | | | | | |
| **Allergies**  **(please specify)** |  | | | | | | | | | |
| **Dietary requirements** |  | | | | | | | | | |
| **Child’s concerns about the transition?** | | |  | | | | | | | |
| **Parents/carers concerns about the transition?** | | |  | | | | | | | |
| **Family issues new setting should be aware of (eg new baby; bereavement)** | | |  | | | | | | | |
| **Further comments or information which would help the transition for this child** | | |  | | | | | | | |
|  | | | | | | | | | | |
| **Inclusion Special Educational Needs and Disabilities (SEND) and additional needs** | | | | | | | | | | |
| **Please included details if the child has required additional support AT ANY TIME** | | | | | | | | | | |
| **The child has needs in the area(s) of:**  **(please highlight)** | | **Social Communication** | | | | | | | **Social, emotional, behavioural, mental health** | |
| **Cognition & Learning** | | | | | | | **Sensory or physical needs** | |
| **Please give brief details:** | | | | | | | | | | |
| **The child has a Support Plan** | | | | | | | | **Yes No** | | |
| **The child has an Education, Health and Care (EHC) Plan** | | | | | | | | **Yes No** | | |
| **Received High Needs Inclusion Funding** | | | | | | | | **Yes No** | | |
| **The child is looked after by a local authority** | | | | | | | | **Yes No** | | |
| **The child has been in care at some time in his/her life** | | | | | | | | **Yes No** | | |
|  | | | | | | | | | | |
| **Other professionals involved with this child: (please tick all which apply)** | | | | | | | | | | |
| **Croydon SEND Inclusion Team** | | | |  |  | **Portage team** | | | |  |
| **Speech & Language Therapist** | | | |  |  | **Occupational Therapist** | | | |  |
| **Educational Psychologist** | | | |  |  | **Physiotherapist** | | | |  |
| **GP** | | | |  |  | **Social Worker** | | | |  |
| **Paediatrician** | | | |  |  | **Dietician** | | | |  |
| ***Please include all relevant SEND Inclusion paperwork with this form*** | | | | | | | | | | |
| **Signed Setting:**  **Date:** | | | | | | | **Signed Parent/Carer:**  **Date:** | | | |