TRANSITION FORM

**CROYDON**

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| **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:** |