|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Transition document from setting to school:** | | | | | | | |
| **Name of main setting and contact details:** | | | | | **Name of key person:**  **Date completed:** | | |
| **Child's Name:** | | | | **DOB:** | | **Start date at setting:** | |
| **24U funding: No/Yes EYPP:Yes/No** | | **EHCP completed: Yes /No** | **Contact with other professionals:** | | | | **Attendance:  full/part time mornings/afternoons/full days for \_\_\_ hours** |
| **CL** | **0-3 3-4** Comments: | | | | | | |
| **PSED** | **0-3 3-4** Comments: | | | | | | |
| **PD** | **0-3 3-4** Comments: | | | | | | |
| **Specific Areas** Comments: | | | | | | | |
| **COEL** Comments: | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **All About Me @ 4** | | | |
| **All about me:** | My friends: | | |
| My family: If there are special people who I haven’t been able to see, have I been able to contact them/ see them, using technology? | | |
| Things I am good at: | | |
| Things I can find difficult: | | |
| **Things I like to do:** | What do I like to do at home? | | What do I like to do when I am in my setting? |
| Where do I like to play, indoors or outdoors? Where are my favourite places? | | |
| Comments: | | |
| **What I would like you to know about me:** |  | | |
| **Other professions who help me:** | *Please mark appropriate box below.* | | |
| On-going contact: | Previous contact: | No contact: |
| Comments: | | |