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| **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: |

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| **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: |