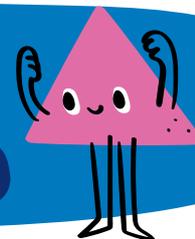




Transition summary form

For all children starting primary school



Child's name: Date of birth: Gender:

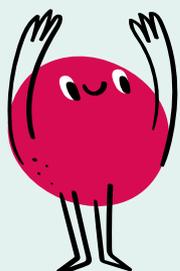
Home language (s): Current early years provider(s):

Primary school:

Name of adults with parental responsibility:

Overview of progress in prime and specific areas of learning

Area	Sub-area	Emerging	Expected
Communication and language	Listening, attention and understanding	Emerging	Expected
	Speaking	Emerging	Expected
Personal, social and emotional	Self-regulation	Emerging	Expected
	Managing self	Emerging	Expected
	Building relationships	Emerging	Expected
Physical development	Gross motor skills	Emerging	Expected
	Fine motor skills	Emerging	Expected
Literacy	Comprehension	Emerging	Expected
	Word reading	Emerging	Expected
	Writing	Emerging	Expected
Mathematics	Number	Emerging	Expected
	Numerical patterns	Emerging	Expected
Understanding the world	Past and present	Emerging	Expected
	People, culture and communities	Emerging	Expected
	The natural world	Emerging	Expected
Expressive arts and design	Creating with materials	Emerging	Expected
	Being imaginative and expressive	Emerging	Expected



Factors which may mean children are experiencing additional vulnerabilities (Please indicate all that are relevant):

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Early years pupil premium (EYPP) | <input type="checkbox"/> English as Additional Language (EAL) | <input type="checkbox"/> Allergies/intolerances | <input type="checkbox"/> Medical needs | <input type="checkbox"/> Special educational needs and disabilities (SEND) |
| <input type="checkbox"/> Strengths and Needs (S&N) completed | <input type="checkbox"/> Team around the family (TAF) | <input type="checkbox"/> Child in need/child protection (CIN/CP) | <input type="checkbox"/> Child We Care For (CWCF) | <input type="checkbox"/> Adopted |
| <input type="checkbox"/> Child from Roma, Gypsy, Traveller background | <input type="checkbox"/> Child from a migrant family/refugee/asylum seeker | <input type="checkbox"/> Child from a service family | <input type="checkbox"/> Child with a parent in prison | <input type="checkbox"/> Child is a young carer |

Is there safeguarding information related to the child? Yes No



Outside agency involvement

Agency	Name and contact details (and if involvement is pending, current or historical)
Early years SEND team	
SENSS physical disability team	
SENSS multi-sensory impairment team	
SENSS deaf and hearing support (DHS) team	
SENSS assistive technology (AT) team	
SENSS vision impairment (VI) team	
Down syndrome and complex needs	
Virtual school for Children We Care For	
ATTACH team	
SALT (speech and language therapy)	
Occupational therapy	
Physiotherapy	
Health visitor/health team	
Community paediatrician	
Children's bowel and bladder service	
Social worker	

Outside agency involvement

Agency	Name and contact details (and if involvement is pending, current or historical)
Locality Community Support Services (LCSS) link worker	
Early help practitioner	
Family support worker	
Voluntary organisations e.g. Home Start, Children Heard and Seen	
Other additional agency involvement	

If the child has identified special educational needs and disabilities, please indicate current level of support:

SEN Support	Education, health and care plan (EHCP)
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Records attached to support information sharing

Confirm parental consent for sharing and send all materials through a secure system

For ALL children, please attach	Indicate Y/N if attached
All about me (written/updated in the last six months)	
WellComm language assessment	
Early years setting report (if available)	

Records attached to support information sharing, if relevant

Confirm parental consent for sharing and send all materials through a secure system

If relevant, please attach the following	Indicate Y/N if attached
Child We Care For (CWCF)	
E-PEP (electronic - personalised educational plan)	
Child in need (CIN)/Child protection (CP)	
CIN/CP meeting minutes	
CPOMS/MyConcern information	
Safeguarding information	
Team around the family (TAF)	
TAF meeting minutes	

Records attached to support information sharing, if relevant

Confirm parental consent for sharing and send all materials through a secure system

If relevant, please attach the following	Indicate Y/N if attached
Early help	
Strengths and needs form	
Medical	
Health care plan	
SEND	
Evidence of SEND need e.g. EY SEND indicators tool	
Developmental tracking e.g. The Oxfordshire Developmental Journal (ODJ)	
EY SEND support and outcomes plan/pupil profile	
Individual intervention record	
Individual support timetable	
Positive behaviour support plan	
Professional reports	
Risk assessments	
Enhanced transition action plan (if available at this stage)	
Other e.g. child from a service family, refugee etc	
Education/life journey records	

Please use this space for information not already shared/documented elsewhere: e.g. the child's strengths and successes, things you are working on with the child/family/professionals or anything else that you feel will support the child's transition.



Form completed by: Date:

Contact phone number/email: Role:

Parental consent for information sharing (signature required)

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