

Transition Part A: PVI/Nurseries to complete (April/May)

Child's First name: _____

Child's Surname: _____

Child's Date of Birth: _____

Child's Gender: Male Female

Parent/Carers name: _____

Home address: _____

Additional parent/Carer full name (if known): _____

Home address (if different): _____

Name of setting: _____

Name of key person: _____

How long has the child attended your setting? _____

Areas of Learning

Prime Areas of Learning – Please add any important information related to these areas below:

**Communication
& Language**

Birth to 5 Range:

Physical

Birth to 5 Range:

**Personal, Social &
Emotional
Development**

Birth to 5 Range:

Practitioner Checklist

Receives Early Years Pupil Premium: Yes / No

Able to understand English: Yes / No

Additional Language spoken at home: _____

Medical Conditions (please specify): _____

Allergies (please specify): _____

Dietary requirements and/or eating habits: _____

SEND Information

On document submission please attach any relevant information that will support the child's inclusion into the next setting e.g. support plans, target setting, details of any adaptations.

On HEY SEND Register Yes No Dates on Register: (dd/mm/yyyy) From: To:

Area of SEND: _____

Is there a potential need that may need exploring further? (if yes, more info): Yes / No

Please indicate as appropriate.

Is a Support Plan in place? YES / NO

Is an Education, Health and Care (EHC) Plan in place? Or in the process of getting one? YES / NO / IN PROGRESS

Are you receiving inclusion funding? YES / NO

Is the child currently a child in need (CIN) or on child protection (CP)? YES / NO

Is the child looked after by a local authority? YES / NO

PLEASE NOTE ALL key documents MUST be sent to school and need to be sent securely

Has the child ever been known to Social Services? YES / NO

Other professionals involved	Name	Contact number

Name and job title of person completing the form

Date completed

Things that make me happy...

Things I can do myself...

When I am sad I...

Things I don't like...

Insert photo
Or picture
related to
the child's
interest

Things I need help with...

When I am anxious I...

These people help me
(i.e. Physio, Speech &
Language Therapist):

When I am angry I...

These things comfort me...

Child and Parent – Family Environment

New baby/siblings: _____

Suffered bereavement: _____

Extended family in family home: _____

Are there any significant family changes that have happened over the past year?

Health Information:

Has the 2-year-old check been completed? Yes / No

If yes, date of check: (dd/mm/yyyy): _____

Please advise of name/address of GP (family doctor):

Health visitors name: _____

Further information or areas not covered that you wish to share:

Please review and tick the [privacy notice](#) and email this form through secure mail to identified settings in Harrow

Privacy Notice: - Parent

☐

Tick the box to verify that in submitting this form the parent/carer has read and understood the above Privacy Notice, which also appears on their parent/carer declaration form.