Early Years Transition Plan

*Please note that this plan should be co-produced during a transition planning meeting organised by the child’s current setting, but attended by the child (if appropriate), parent/carer current setting SENCO and SENCO of the setting the child is moving onto. Only once the transition planning meeting has been held should this plan be submitted.*

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| **Child’s Details** |
| Full name of Child: |  | Likes to be known as:  |  |
| Date of Birth:  |  | Gender:  |  |
| Ethnicity:  |  | Current Year Group:  |  |
| Attendance:  |  | Known to Social Care/ Children with Disabilities Team or Early Help: |  |
| Child in Need or subject of Child Protection Plan: |  | Looked After Child or Adopted/Special Guardianship: |  |
| Home Address: |  | Name and Address of Current Early Years Setting:  |  |
| Post Code:  |  | Name and Address of Education Setting moving onto: |  |
| Sutton resident?  |
| Telephone No:  |  | Siblings/place in Family:  |  |
| **Parent/Carer Details**  |
| Name of Parent/Carer:  |  | Name of Parent/Carer: |  |
| Relationship:  |  | Relationship: |  |
| Address:  |  | Address: |  |
| Post Code: |  | Post Code: |  |
| Contact No:  |  | Contact No: |  |
| Email: |  | Email: |  |
| Languages spoken:  |  | Languages spoken: |  |
| Interpreter required?  |  | Interpreter required? |  |
| If yes, for which language?  |  | If yes, for which language? |  |
| Accessibility Needs: |  | Accessibility Needs: |  |
| **Assess, Plan, Do, Review**  |
| Overview of professional involvement: |  |
| Current support (max. 200 words): | *Unless captured in SEND transition form*  |
| Review of support in place over time (max. 200 words) and any funding agreed: | *Unless captured in SEND transition form*  |
| Anticipated support needs for transition: | *Unless captured in SEND transition form*  |
| **Date transition planning meeting held:** |
| **Transition planning meeting attended by:** |
| I agree with the contents of this Transition Plan and give consent for this to be passed on to the Early Years Operational Group for funding approval and onto the next setting that my child is moving to. I agree that a copy of this Plan will be stored centrally on the Cognus case management system to ensure sharing of information about my child. **Parent/Carer signature:**  |

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| **Child Views and Aspirations**  |
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| **Parent/Carer Views and Aspirations**  |
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*For the following section please copy over information already contained within the child’s Early Years Transition Form.*

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| **Cognition and Learning**  |
| Strengths:  |
| Current attainment:  |
| Identified needs and impact on learning:  |
| **Communication and Interaction (communication and language)**  |
| Strengths:  |
| Identified needs and impact on learning:  |
| **Social, Emotional and Mental Health (personal, social and emotional development)**  |
| Strengths:  |
| Identified needs and impact on learning:  |
| **Sensory and/or Physical Needs (physical development)**  |
| Strengths:  |
| Identified needs and impact on learning:  |

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| **Health needs which related to special educational needs/disabilities**  |
| Identified needs and impact on learning:  |
| **Social care needs which related to special educational needs/disabilities**  |
| Identified needs and impact on learning:  |

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| **Targets to be achieved by the end of Reception**  |
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*For the following section please copy over information contained within the Cognus Early Years SEND Transition Form.*

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| **Ordinarily available provision that X benefits from**  |
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| **Targeted and Specialist provision to support X’s transition**  |
| **Provision**  | **How often, by whom and until when?**  |
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| **Funding banding being sought**  |
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| **Evidence Checklist**  |
| **Have you attached?** | **Yes/No** |
| Evidence of at least two cycles of asses, plan, do, review  |  |
| Recent reports from other professionals, e.g. Speech and Language Therapist, Educational Psychologist, Medical evidence (no more than 18 months old) |  |
| Provision Map (including costings and duration of input with any additional evidence of impact included) |  |