

MEDWAY Early Years SEND Transition Booklet "All About Me"



Name of Child:

Date of Birth:

Early Years Setting:

Receiving School/Setting:

Main Language Spoken:

Additional Language Spoken:

Looked After Child: Yes / No
(please delete as appropriate)

[Photo]

Primary Need:

Secondary Need:

Parent's Comments:

I agree to the information in this transition booklet being shared with my child's next setting/school

Parent / Carers signature:

Print Name:

Relationship to Child:

Date:

Early Years Foundation Stage Levels:		
EYFS areas of learning	On track	Not on track
Prime Areas:		
Personal, Social & Emotional (PSE)		
Making Relationships		
Self Confidence & Self Awareness		
Managing Feelings & Behaviour		
Communication and Language (CL)		
Listening & Attention		
Understanding		
Speaking		
Physical Development (PD)		
Moving & Handling		
Health & Self Care		
Specific Areas:		
Literacy (Lit)		
Reading		
Writing		
Mathematics (M)		
Number		
Shape, Space & Measure		
Understanding the World (UW)		
People & Communities		
The World		
Technology		
Expressive Art and Design (EAD)		
Exploring / using media & materials		
Being Imaginative		

All About Me

What I am good at:

Things that are important to me:

My favourite things:

What I find difficult:

Things I can do by myself (please tick or delete as appropriate):

- | | | | | | |
|--------------------------|-----------------|--------------------------|------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Put my coat on | <input type="checkbox"/> | Go to the toilet | <input type="checkbox"/> | Feed myself/drink from open cup |
| <input type="checkbox"/> | Change my shoes | <input type="checkbox"/> | Wash my hands | <input type="checkbox"/> | Use a spoon, fork, knife |

How I communicate with you and let you know what I want/need:

How best to communicate with me:

How best to support or help me:

Things that upset me:

How to help me when I am upset:

Pen Picture (To include summary of need, child's strengths and areas of difficulty)

Agencies Involved			
Title	Name	Contact Details	Tick if Current

Level of Intervention

Timeline of involvement of outside agencies:

Summary of interventions/support that have been used to by the setting:

Multi-agency meetings to support educational planning	Yes/No	Date of Meeting/s:
Has the child been discussed at a SENCo Surgery?		
Has an EHC been requested? - and by whom		
Has it been agreed to start an EHC?		
Has an Education, Health and Care Plan been issued?		

Please find attached (tick where appropriate):
 IEP/Targets : Care Plan: Behaviour Support Plan:

Name of Medway EY SEND Team Practitioner supporting setting:
Phone Number:

Booklet completed by:

Practitioner's signature: _____ **Print Name:** _____

Position: _____ **Date:** _____

Early Years SEND Team

Parents'/Guardians' Permissions form



Please complete this form. The service cannot become actively involved to help you until you have completed this form.

Name of Child:		DoB:	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
FULL Address (including postcode):			
Parent's / Carer's full names:	Mother / Carer: (PLEASE DELETE AS APPROPRIATE) Mrs/Ms/Miss: (PLEASE DELETE AS APPROPRIATE)	Father / Carer: (PLEASE DELETE AS APPROPRIATE)	
Name of Person/s who hold Parental Responsibility if different from above.			
Please could you provide us with a day time telephone number that we can use to contact you			
Siblings (names and ages)			
Does your child attend a pre-school/nursery?		Yes	No
If 'Yes' what is the name of the Pre-school/Nursery(s)			
What days / sessions does your child attend?			
Which languages are spoken at home?			
Do you wish us to know about your religion? If so please enter the name of your religion.			
GP Name, Contact Number and Address			
In order to monitor our equal opportunities policy we would like to know your ethnic grouping. Please circle the most appropriate if you are happy to share this information with us.		White	Indian
		Black-African	Bangladeshi
		Black Caribbean	Pakistani
		Chinese	Black other (please specify below)
		White other (Please specify below)	
Space to specify			

Permissions sought: To be completed by the person/s who holds parental responsibility

I agree to the services named above keeping files on my child. These may be on computer or paper based. I understand that I have the right to see these records on request allowing reasonable time to make them available.	
I give my permission for the services named above to request copies of reports/information from other services who have worked with my child.	
I give my permission for reports and assessments undertaken by the services named above or gained from other agencies to be shared with other professionals involved with my child's care and education.	
Name:	Date:
PLEASE PRINT CLEARLY	
Signature:	
Relationship to child:	