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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:** | | | | | **D.O.B.** | **Start date at setting:** | |
| **ECHNA:**   * Request in * No to access * Yes to access | | **Date:** | | **EYPP:** Yes / No | | **Sessions attended and timings:** | |
| **Contact with other professionals:**  Please list and see last page for more details: | | Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| **Please highlight the age band the child is currently working in, commenting in the areas where there maybe concerns.** | | | | | | | |
| **CL** | 0-3 3-4 | | Comments: | | | | |
| **PSED** | 0-3 3-4 | | Comments: | | | | |
| **PD** | 0-3 3-4 | | Comments: | | | | |

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| **Please discuss the statements below with parent carers.**  **These are taken from the Starting Reception website and will support parent carers and children in their readiness in transferring to reception class.** [Home - Starting Reception](https://startingreception.co.uk/) | |
| **Skills / activities:** | **Comments:** |
| * **Growing Independence:**   **Taking care of themselves**  -Putting on / taking off their coat and shoes  -Using the toilet and washing their hands  -Getting dressed with little help  -Using cutlery and drinking from an open cup  -Spending time away from you, learning they can be looked after  by caring adults. |  |
| **Play, creativity and curiosity**  -Taking part in imaginative play (e.g. role play)  -Drawing, painting, colouring and sticking  -Sharing story books with caregivers, looking at pictures and  talking about the characters  -Exploring the world around them (e.g. looking closely at the  natural world or playing safely with objects at home). |  |

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| **Skills / activities:** | **Comments:** |
| * **Building relationships and Communicating:**   **Being with others**  -Practising sharing and taking turns with toys  -Talking about feelings and reasons  -Discussing storybook characters’ emotions  -Beginning to recognise others’ feelings  -Encouraging self and peer boundaries. |  |
| **Communication and language**  -Singing songs and nursery rhymes  -Talking about activities, experiences and the world around them  -Clearly asking for help  -Recognising the pattern of time. |  |
| **Listening and engaging**  -Paying attention for short periods of time  -Listening to and following simple instructions  -Carrying on with a task even when it is difficult and bouncing  back if things go wrong. |  |

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| **Skills / activities:** | **Comments:** |
| * **Physical Development:**   **Getting moving**  -Walking up and down steps  -Climbing, running, jumping and playing  -Catching a large ball  -Sing simple puzzles and craft activities; strengthening grip with  cutting and sticking. |  |
| **Healthy routines**  -Maintaining a regular bedtime and wake-up routine  -Limiting screentime to recommended amounts  -Eating a healthy diet and trying new foods  -Brushing teeth with fluoride toothpaste twice daily. |  |

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| **All About Me @ 4** | | |
| **All about me:** | My friends: | |
| My family: who are the special people to me? | |
| 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: | |

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| --- | --- | --- | --- |
| **All About Me @ 4:** | | | |
| **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: | | |