

**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: |



|  |
| --- |
| **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). |  |



|  |
| --- |
| **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:** |
| * **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. |  |



|  |
| --- |
| **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:** |
| * **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. |  |



|  |
| --- |
| **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: |



|  |
| --- |
| **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: |