**Sheffield EYFS Transition Record**

This record is designed to be customised by settings to meet the unique information sharing needs of individual children, their existing and receiving settings. It is intended to be co-constructed by settings, families, and agencies, and to be used a starting point for discussions before, during and following transitions.

**It is the responsibility of settings using this document to be compliant with the General Data Protection Regulation (GDPR) 2018, Safeguarding Legislation, and DfE Information Sharing Advice.**

**Part A: A Unique Child in their current \*setting**

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| --- | --- |
| **Child’s name:** | **Date of birth:** |
| **Child’s Voice**E.g., I enjoy….? (……………….) makes me happy? (……………….) are my interests?  |
| **Parent(s)/Carer(s)’s Voice**E.g., What does my child enjoy at home and at the setting? What upsets/comforts my child? What am I and my child excited or anxious about starting a new setting? Anything else I would like the new setting to know? |
| **Key Person’s Voice**E.g., How did this child settle? What upsets/comforts them? How do they react to change? How do you support this child? |
| **This child’s family context**E.g, position in family, siblings, person(s) with parental responsibility, extended family, relations in the receiving setting, bereavement, divorce, new baby in family, financial concerns.  |
| **Language(s) spoken at home / within the extended family**: |
| **Current setting**: | **Main contact telephone number/email**: |
| **Date started at current setting**: | **Other settings also attended**: (e.g., childminder) |
| **Pattern of attendance** – please highlight as appropriate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon** am/pm/all day | **Tues**am/pm/all day | **Wed**am/pm/all day | **Thurs**am/pm/all day | **Fri** am/pm/all day |

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| Notes on attendance: | Notes on punctuality: |

*\*Setting means any early years provider, including schools, PVI nurseries and pre-schools, and childminders*

**Part B: A Unique Child’s Individual Needs**

**It is recommended that *both current and receiving* settings are involved in all the child’s final review meetings before transition,** e.g., SEND Reviews and meetings in respect of Safeguarding, Looked-After Children and medication/dietary care plans.

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| 1. **Early Years Pupil Premium (EYPP)**
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| \*Yes / no | \*How has this child been supported in respect of EYPP? |
| 1. **Individual Needs (including medical, dietary, and special educational needs and / or disabilities)**
 |
| **In receipt of Disability Living Allowance (DLA)?**  Yes / No |
| **Information from the child’s early life** E.g., premature, neonatal/early medical needs |
| **Medical and dietary information** E.g., currently registered as hospital outpatient, regular medication/equipment (such as inhaler, EpiPen), food and other allergies? Please give full details of regular medication/equipment and frequency/circumstances of use. |
| **Does the child wear glasses?** Yes / no (and further details) | **Does the child wear hearing aids? Or have they had grommets fitted?**Yes / no (and further details) | **Any other specialist equipment?** Yes / no (and further details) |
| **Dental information** E.g., is the child currently registered with a dentist?  |
| **Special Educational Needs and/or Disabilities (SEND)** Please highlight one of the categories below:

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| --- | --- | --- |
| **Identified needs** (\*see below i-vi) | **Referred or On a waiting list** (\*see below i-vi) | **No SEND identified** |

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| **\*i) What is the nature of the child’s Special Educational Needs and/or Disabilities?** Please circle all that apply, and highlight Primary need

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| --- | --- | --- | --- |
| Communication & Interaction | Cognition & Learning | Social Emotional and Mental Health Difficulties | Sensory and/or Physical Needs |

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| **\*ii) Further information about this child’s dietary, medical and/or Special Educational Needs and/or Disabilities** E.g.,dates identified, forthcoming review meetings, Sheffield SEND Support Grid level(s) / EY SSGe, etc.  |
| **\*iii) What impact does this child’s dietary, medical and/or Special Educational Needs and/or Disabilities have on them?**At home:In setting: |
| **\*iv) Any specialist equipment/medication or dietary requirements currently needed to support to support this child?** At homeIn setting |
| **\*v) Supporting agencies and professionals Who has been contacted/involved with this child’s medical and/or Special Educational Needs and/or Disabilities (past or current)?** (E.g., Visual/hearing impairment, Ryegate, Speech & Language Therapy, 0-5 SEND Team). Please list contact name and telephone number/email address with key dates (including referral and discharge): |
| Agency/professional (including name of contact) | Key dates | Contact telephone number and/or email  |
|  |  |  |
|  |  |  |
| *(Add/delete rows as required)* |  |  |
| **\*vi) Supporting documents attached** e.g., EHCP, My Plan / Extended Support Plan, One Page Profile, medication/dietary care plans.  |
| Name of document | Date |
|  |  |
| *(Add/delete rows as required)* |  |
| 1. **Safeguarding & Looked-After Children (LAC)**
 |
| **Looked-After Child?** \*Yes / no**Previously Looked-After Child?** Yes / no | **\*Personal Education Plan (PEP) attached?** Yes / no (PEP must be transferred to receiving setting in advance, so that they can prepare for the child’s arrival) |
| **Safeguarding****Safeguarding Records will be transferred securely from/to both settings’ Designated Safeguarding Leads. This will take place separately to this transition record.** Safeguarding records may include a range of information, such as Early Help and Multi Agency Support Team (MAST) advice and involvement, Team Around the Family meetings, Social Care involvement, Child Protection Conferences and more.

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| ***Current* setting/key person:**Please ensure that you have a conversation with your Designated Safeguarding Lead and be prepared to explain and share any relevant information with the child’s parent(s). | ***Receiving* setting/key person:** Please ensure that you have a conversation with your Designated Safeguarding Lead to ensure that you are aware of any safeguarding information that you ‘need to know’ to support this child and their family. |

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**Part C: A Unique Child’s Learning & Development**

**This child’s strengths and achievements**

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| 1. **Characteristics of Effective Teaching & Learning**

Comments should reflect what engages, motivates, and supports children at the setting, at home or out and about, indoors / outdoors, alone and with others. |
| **Playing and exploring**E.g., what kinds of activities and experiences is this child interested in, and makes them want to explore and investigate? |
| **Active learning**E.g., what kinds of activities and experiences does this child concentrate on and keep trying if things get difficult? |
| **Creating & thinking critically**E.g., what kinds of activities and experiences encourage this child to think or be creative, make links and try out their own ideas?  |
| 1. **Learning and Development**
 |
| **Communication and Language**Getting on well / \*needs support | **\*What does the child need / have in place to support them?** At home:In setting: |
| **Personal, Social and Emotional Development**Getting on well / \*needs support | **\*What does the child need / have in place to support them?** At home:In setting: |
| **Physical Development**Getting on well / \*needs support | **\*What does the child need / have in place to support them?** At home:In setting:  |
| **Literacy**Getting on well / \*needs support | **\*What does the child need / have in place to support them?** At home:In setting:  |
| **Mathematics**Getting on well / \*needs support | **\*What does the child need / have in place to support them?** At home:In setting: |
| **Understanding the World**Getting on well / \*needs support | **\*What does the child need / have in place to support them?** At home:In setting:  |
| **Expressive Arts and Design**Getting on well / \*needs support | **\*What does the child need / have in place to support them?** At home:In setting: |
| **Strengths and skills** |
| **Are there any areas where this child’s skills and achievements are in greater depth than is typical for their age?**Please give further details and reflect interests and achievements both at home and in setting. |
| **Progress Check at Age Two** (This may have been part of an Integrated Review with Health Visitor) |
| **Was a ‘Progress Check at Age Two’ completed?** Yes / no | **‘Progress Check at Age Two’ information attached?** Yes / no**IMPORTANT**Parental permission is required to share this information  |

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| **Further follow-up recommended by current setting and/or parent(s)** | Yes / no | Add details, as applicable |
| A follow-up telephone discussion  |  |  |
| A meeting to discuss this child  |  |  |
| A visit to observe this child in their current setting |  |  |
| A home visit |  |  |
| Other (please specify) |  |  |

**Part D: Signatures and Contact Details**

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| **Person completing/sharing this document with Parent/Carer(s)** |
| Name: | Job title: |
| Signature: | Date: |
| **Parent/carer - I have had opportunity to contribute to this document and consent to this information being shared with my child’s receiving setting** |
| Name: | Relationship to child: |
| Signature: | Date: |
| **Parent/carer - I have had opportunity to contribute to this document and consent to this information being shared with my child’s receiving setting** |
| Name: | Relationship to child: |
| Signature: | Date: |

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| **Contact details for Manager / Headteacher / EYFS Leader at current setting:**Name:Telephone number/email: |
| **Contact details for Key Person at current setting:**Name:Telephone number/email: |
| **Contact details for SENCo at current setting:**Name:Telephone number/email: |
| **Contact details for Designated Safeguarding Lead at current setting:**Name:Telephone number/email: |
| **Contact details for the designated member of staff / teacher for Looked-After Children at current setting:** Name:Telephone number/email: |