**My Transition Passport** 

This is me

(add photo with permission from parent/carer)

|  |  |
| --- | --- |
| My full name is |  |
| I like to be called |  |
| My date of birth |  |
| Home Language/ EAL |  |

|  |  |
| --- | --- |
| **My attendance in setting is cause for concern** | |
| Yes | No |
| Comments | |

|  |
| --- |
| **People who are important to me / my family and support network**  (This section is about acknowledging the child’s relationships and their wider support network.) |

**Details of any funding that I receive and why I have it**

(Do I have an EHCP, ISG or receive any support?)

|  |  |
| --- | --- |
| **People/services who support me and my family** | |
| Early Help | Yes/No |
| Social Care | Yes/No |
| CDC | Yes/No |
| Inclusion Support | Yes/No |
| SALT | Yes/No |
| Any others | |

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| --- |
| **The most important things that have happened in my life so far**  (This may include either positive or negative events that the child has experienced in their lives so far.) |

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| **The most important things to remember when supporting me are**  (This may include needing lots of time, needing encouragement, preferring to be away from others, needing quiet spaces etc.) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SEN** | **SEMH** | **S and L** | **Intimate Care** | **Medical / Allergies** | **Other:** |
| Additional Resources / Strategies:  For example: PECS, Visual timetable | | Add information if needed | | Add information if needed | |

**Whole child**

**Where am I with my learning and development**

|  |  |  |
| --- | --- | --- |
| **Area of Learning** | **On track** (tick) | **Not on track** (tick) |
| **Communication and Language** | | |
| Listening, Attention and Understanding |  |  |
| Speaking |  |  |
| **Personal Social and Emotional Development** | | |
| Self-Regulation |  |  |
| Managing Self |  |  |
| Building Relationships |  |  |
| Physical | | |
| Gross Motor Skills |  |  |
| Fine Motor Skills |  |  |
| Literacy | | |
| Comprehension |  |  |
| Word Reading |  |  |
| Writing |  |  |
| Mathematics | | |
| Number |  |  |
| Numerical Patterns |  |  |
| Understanding the World | | |
| Past and Present |  |  |
| People, Culture and Community |  |  |
| The Natural World |  |  |
| Expressive Arts and Design | | |
| Creating with Materials |  |  |
| Being Imaginative and Expressive |  |  |

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| --- |
| **What support or additional action is needed to support my development**  (Where the child is not on track for an area of learning – use this box to indicate what actions have been taken so far, what discussions have been made with parents, have referrals been made, is an IEP in place or support from other agencies. If a child is on track in all areas what are your plans next for this child) |

|  |  |
| --- | --- |
| Name of setting/room child is transitioning from |  |
| Name of setting/room child is transitioning to |  |

|  |  |
| --- | --- |
| Name of person completing this form |  |
| Contact details |  |