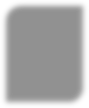


Coventry Early Years Transition Overview



|  |  |
| --- | --- |
| **Coventry Early Years Transition Overview** | |
| To be completed for each child by their Key Person and shared with the new provider(s). | |
| **Current Early Years Provider:** | **Receiving Provider/s:** |
| **Name of provider:** | **Name of provider:** |
| **Phone:** | **Phone:** |
| **Email:** | **Email:** |
| **Address:** | **Address:** |
| **Assessment completed by (Key Person):** | **Receiving Key Person:** |
| **Any other providers involved with the child? Give contact details:** | **Name of additional receiving provider:** |
|  | **Name of provider:** |
|  | **Phone:** |
|  | **Email:** |
|  | **Address:** |
|  | **Receiving Key Person:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Full Name:** | **Gender:** |  |  | **LAC: Y/N** | **EHA: Y/N** |
| **CP/ CIN: Y/N** | **Family support: Y/N** |
| **Any further details:** | | | | | |
| **Known as (as agreed by parents/carers):** | | **Date of Birth:** | **Regular attender: Y/N** | **Age of child in months when assessment was completed:** | |
|  | | | | | |
| **Assessment completed by (Key Person):** | | | **Date started in setting:** | **Date leaving setting:** | |
|  | |  |  |  |  |
| **Pattern of attendance: hours per week** | | | **Other providers? / Pattern of attendance?** | | |
| **Hours: Term time: Y/N All year round: Y/N** | | | | | |
| **Languages spoken by the child:** | | | **Languages spoken at home:** | | |
|  | | | | | |
| **Ethnic Origin:** | | | **Lives with: please indicate who has parental responsibility** | | |
|  | | | | | |
| **Accessed:** | | | | | |
| **Early Years Pupil Premium: Y/N** | | **Disability Access Fund: Y/N** | | **2-year-old Funding: Y/N** | |
| **Special Educational Needs and Disabilities Support:** | | |  | | |
| **Area of SEND need? Communication and Interaction: Y/N** | | | **Cognition and learning: Y/N** | | |
| **Sensory / Physical: Y/N** | | | **Social, Emotional and Mental health: Y/N** | | |
| **Please state the primary area of SEND need:** | | |  | | |
| **Level of support - please highlight:**   * In setting support * Early Years SEND team (*please attach any relevant information*) * EHCP (*please attach the plan or referral)* * Speech and Language Therapy *- referral needed, referral made, support in place* | | |  | | |
| **Please outline below any other specialists supporting the child/family and their contact details e.g Health Visitor,**  **Physiotherapist:**  **Please add any further relevant information about SEND needs below / additional comments to support this transition document that are relevant to the child’s and family’s lived experiences:** | | | | | |

|  |
| --- |
| **SUMMARY OF LIVED EXPERIENCES** |
| **WHAT HELPS ME LEARN BEST?** |
| **WHAT AM I INTERESTED IN?** |
| **IS THERE ANYTHING THAT WORRIES / SCARES ME? / WHAT HELPS TO CALM ME?** |

# CHARACTERISTICS OF EFFECTIVE TEACHING AND LEARNING

Use professional knowledge alongside reflection with parents & practitioners to determine a ‘best fit’ judgement for the child.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Playing & Exploring: Engagement** | **1 = Not seen / No** | **2 = Occasionally** | **3 = Often** | **4 = With confidence** |
| **Finding out and exploring:**  • Showing curiosity about objects, events, and people • Using senses to explore the world around them • Engaging in open-ended activity • Showing particular interests |  |  |  |  |
| **Playing with what they know:**  • Pretending objects are things from their experience • Representing their experiences in play • Taking on a role in their play • Acting out experiences with other people |  |  |  |  |
| **Being willing to ‘have a go’:**  • Initiating activities • Seeking challenge • Showing a “can do” attitude • Taking a risk, engaging in new experiences, and learning by trial and error |  |  |  |  |
| **Active Learning: Motivation** | | | | |
| **Being involved and concentrating:**  • Showing a deep drive to know more about people and their world • Maintaining focus on their activity for a period of time • Showing high levels of involvement, energy, fascination • Not easily distracted • Paying attention to details |  |  |  |  |
| **Keeping on trying:**  • Persisting with an activity or toward their goal when challenges occur • Showing a belief that more effort or a different approach will pay off, and that their skills can grow and develop (growth mindset) • Bouncing back after difficulties |  |  |  |  |
| **Enjoying achieving what they set out to do:**  • Showing satisfaction in meeting their own goals (I can!) • Being proud of how they accomplished something – not just the end result • Enjoying meeting challenges for their own sake rather than external rewards or praise (intrinsic motivation) |  |  |  |  |
| **Thinking Creatively and Critically: Thinking** | | | | |
| **Having their own ideas (creative thinking)**  • Thinking of ideas that are new and meaningful to the child • Playing with possibilities (what if? what else?) • Visualising and imagining options • Finding new ways to do things |  |  |  |  |
| **Making links (building theories)**  • Making links and noticing patterns in their experience • Making predictions • Testing their ideas • Developing ideas of grouping, sequences, cause and effect |  |  |  |  |
| **Working with ideas (critical thinking)**  • Planning, making decisions about how to approach a task, solve a problem and reach a goal • Checking how well their activities are going • Flexibly changing strategy as needed • Reviewing how well the approach worked |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emotional well-being** | **1 = Not seen / No** | **2 = Occasionally** | **3 = Often** | **4 = With confidence** |
| Showing emotional literacy - Can they express emotions and read emotions in others? |  |  |  |  |
| Connected to others - Do they exhibit a sense of belonging and attachment to familiar children, adults in their own community? |  |  |  |  |
| Positive sense of self - Do they demonstrate positive self-esteem & a sense of their own identity? |  |  |  |  |

# 

# Early Years Foundation Stage

# Learning and Development

This section of the document provides an example of the level of detail that will be useful for the receiving provider. The approach shown below is an example, and this element of the document will reflect individual schools/providers approaches.

Please make a ‘**best fit**’ judgment about the child’s attainment **(what they know, understand, and can do)** at the time of completing

this form. In relation to their age in months, are they ‘on track’ to reach the appropriate developmental milestones for their age range;

or are they ‘not on track’ and require further support?Please refer to the ‘Supporting Early Years Transitions Guidance’ – Appendix 1:

Learning and Development section to support the completion of this section of the document.

**Example:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Social and Emotional Development** | **On Track** | **Not on Track** | Date: 22nd June 202X  Charlie is 46 months old – he has an August birthday and is transferring to Reception in September. |
| Self-Regulation | **X** |  | e.g.  Charlie enjoys playing in a group with his closest friends and enjoys sharing his experiences with others. He can spend long periods of time immersed in role play activities and shows friendly behaviour towards others when they want to join in with his play. Charlie knows which resources he likes to play with and has become more confident in talking to others. He will negotiate with other children when he wants to play with particular toys and will now ask familiar adults for help. Charlie shows a good understanding of the boundaries and routines in Nursery, and he follows these well. Charlie is beginning to use self-care skills but needs to develop these further and develop an awareness of keeping himself healthy and safe. |
| Managing Self |  | **X** |
| Building Relationships | **X** |  |

**MY LEARNING AND DEVELOPMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s name:** | | | **Age in Months:** | **Key Person:** |
| **In relation to chronological age & developmental milestones is the child on track or not on track?** | | | **My Interests, Strengths & Areas for Development** | |
| **Prime Areas of Learning** | | |
| **Personal Social and Emotional Development** | **On Track** | **Not on Track** |  | |
| Self-Regulation |  |  |
| Managing Self |  |  |
| Building Relationships |  |  |
| **Communication and Language** | | |  | |
| Listening, attention and understanding |  |  |
| Speaking |  |  |
| **Physical Development** | | |  | |
| Gross Motor |  |  |
| Fine Motor |  |  |



|  |  |  |  |
| --- | --- | --- | --- |
| **Specific Areas of Learning** | | | **My Interests, Strengths & Areas for Development** |
| **Literacy** | | |  |
| Comprehension |  |  |
| Word Reading |  |  |
| Writing |  |  |
| **Mathematics** | | |  |
| Number |  |  |
| Numerical Patterns |  |  |
| **Understanding the World** | | |  |
| Past and Present |  |  |
| People, Culture and Communities |  |  |
| The Natural World |  |  |
| **Expressive Arts and Design** | | |  |
| Creating with Materials |  |  |
| Being Imaginative and Expressive |  |  |