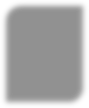
A group of children in a classroom

Description automatically generated

Coventry Early Years Transition Overview



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| **Coventry Early Years Transition Overview** |
| To be completed for each child by their Key Person and shared with the new provider(s). |
| *Please refer to the ‘Supporting Early Years Transitions Guidance’ prior to completing this document.* |
| **Current Early Years Provider:** |
| **Name of provider:** |
| **Phone:** |
| **Email:** |
| **Address:** |
| **Receiving Provider/s:** |
| **Name of provider:** |
| **Phone:** |
| **Email:** |
| **Address:** |
| **Assessment completed by (Key Person):** |
| **Any other providers involved with the child? Give contact details:** |

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| --- | --- | --- | --- |
| **Child’s Details** | | | |
| **Child’s Full Name:**  **Gender:**  **Date of Birth:** | | **LAC: Yes / No EHA: Yes / No**  **CP / CIN: Yes / No Family Support: Yes / No** | |
| **Any Further Details:** | | | |
| **Known as (agreed by parents / carers):** | | **Regular attender: Yes / No**  **Age of child in months when assessment was completed:** | |
| **Pattern of attendance: hours per week**  **Hours:**  **Term Time: Yes / No All-year round: Yes / No** | | **Other providers? / Pattern of attendance?** | |
| **Languages spoken by the child:** | | **Languages spoken at home:** | |
| **Ethnic Origin:** | | **Lives with: (please indicate who has parental responsibility)** | |
| **Accessed:** | | | |
| **Early Years Pupil Premium:**  **Yes / No** | **Disability Access Fund:**  **Yes / No** | | **2-year-old Funding:**  **Yes / No** |
| **Special Educational Needs and Disabilities Support: Area of SEND need?** | | | |
| **Communication and Interaction: Yes / No** | | **Cognition and Learning: Yes / No** | |
| **Sensory / Physical: Yes / No** | | **Social, Emotional and Mental Health: Yes / No** | |

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| **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:** | |

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| **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?** |

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| --- | --- | --- | --- | --- | --- |
| **MY LEARNING AND DEVELOPMENT**  **You may substitute this section for your own assessment overview** | | | | | |
| **Child’s Name:** | | | | **Age in Months:** | **Key Person:** |
| **Please make a ‘best fit’ judgement about the child’s attainment. In relation to their 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 |  | |  |



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| **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 |  |  |