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| A group of children in a classroom  Description automatically generated **Coventry Early Years Transition Professional Discussion Record** | | | | |
| This document can be used to support professional discussions between settings during transition times, for example, to record discussions with a receiving provider or within an organisation. This may include discussions between a Childminder and Reception class, a setting and a school, or rooms within the same setting. | | | | |
| **Current Early Years Provider:**  **Practitioners Name:** | | | | |
| **Receiving Early Years Provider:**  **Practitioners Name:** | | | | |
| **Date:** | **Telephone call** | | **Face to Face discussion** | |
| **Child’s Full Name:**  **Known as:** | | | | |
| **Gender:** | **Date of Birth:** | | | **Ethnic Origin:** |
| **Languages spoken by the child:** | | **Languages spoken at home:** | | |
| **Any relevant Safeguarding information to share: (e.g LAC / Early Help / Child Protection / Child in Need / Family Support)** | | | | |
| **Any Health / Dietary Requirements:** | | | | |
| **Special Educational Needs and Disabilities Support:**  Communication and Interaction: Yes / No Cognition and Learning: Yes / No  Sensory / Physical: Yes / No Social, Emotional and Mental Health: Yes / No    **Additional Information / Adaptions required?** | | | | |
| **Level of support - please highlight:**   * In setting support / DAF claimed? * Early Years SEND team * EHCP * 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:** | | | | |
| **Any further details or any other significant information to share: (e.g Attendance / Parental Responsibility / EYPP / 2-Year-old Funding / Family circumstances)** | | | | |
| **Child’s Assessment Overview:** | | | | |
| **Prime Areas of Learning:** | | | | |
| **Personal, Social and Emotional Development:** | **On Track** | | | **Not on Track** |
| **Communication and Language Development:** | **On Track** | | | **Not on Track** |
| **Physical Development:** | **On Track** | | | **Not on Track** |
| **Literacy:** | **On Track** | | | **Not on Track** |
| **Mathematics:** | **On Track** | | | **Not on Track** |
| **Understanding the World:** | **On Track** | | | **Not on Track** |
| **Expressive Arts and Design:** | **On Track** | | | **Not on Track** |
| **Any further details (e.g level of support provided if a child is ‘Not on Track’):** | | | | |
| **Child’s Individual Needs (e.g Any help with setting in? / Self-regulation needs? / Child’s key strengths and interests?** | | | | |