# Nursery to School Transition Information Form

## Name of Child: UPN:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of new school | |  | | | | | | | | |
| Name link contact | |  | | | | | | | | |
| Date of Birth | |  | | | | | | | | |
| Home Language | |  | | | | | | | | |
| Completed on | |  | | | Completed by  (key person) | | | |  | |
|  | | **Current setting** | | | | | **Any other setting (type of provision/hours attending)** | | | |
| Name | |  | | | | |  | | | |
| Address | |  | | | | |
| Phone | |  | | | | |
| Email address | |  | | | | |
| Entry date to setting | |  | | | | |  | | | |
| **Additional information. Please tick any that apply** | | | | | | | | | | |
| Early Help Assessment |  | | | Child Protection Plan | |  | | Looked after child | |  |
| **Prime areas of development summary (boxes will expand as you type)** | | | | | | | | | | |
| Personal, Social and Emotional Development | | | | | | | | | | |
|  | | | | | | | | | | |
| Communication and Development  (Including communication and language support/ Wellcomm assessments/stage) | | | | | | | | | | |
|  | | | | | | | | | | |
| Physical Development | | | | | | | | | | |
|  | | | | | | | | | | |
| **Specific areas of development summary** | | | | | | | | | | |
| Literacy, including phonics | | | | | | | | | | |
|  | | | | | | | | | | |
| Mathematics | | | | | | | | | | |
|  | | | | | | | | | | |
| Understanding of the World | | | | | | | | | | |
|  | | | | | | | | | | |
| Expressive Arts and Design | | | | | | | | | | |
|  | | | | | | | | | | |
| **Child- Voice-Here are some of the things I currently like, I am interested in and I would like to learn next:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Here are some examples of the way I learn effectively** | | | | | | | | | | |
| Playing and Exploring | | | |  | | | | | | |
| Active Learning | | | |  | | | | | | |
| Creating and thinking critically | | | |  | | | | | | |
| **It is important that you know:** e.g. I am unsure about/ I do not like…. I live with …. etc | | | | | | | | | | |
|  | | | | | | | | | | |
| **Impact of Covid**  Please note any significant changes that has had an impact of a child’s learning and development for example behaviour / wellbeing/ health/ communication/ attachments/ social skills / parenting/ economics/ attendance. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Any other relevant concern/s? Please state below** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Please provide further information on any additional support that has been put into place to address your concerns e.g., interventions, strategies additional staffing.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Parent voice-I would like you to be aware of... know...** | | | | | | | | | | |
|  | | | | | | | | | | |
| **I give consent for this information to be shared with the Primary School offered to my child.** | | | | | | | | | | |
| Signed by parent/Carer | | |  | | | | | | | |
| Date | | |  | | | | | | | |