Transition Guidance

Templates

EYFS Summary Transition Record

*All Barnsley schools and settings are actively encouraged to use the EYFS Summary Transition Record when children transfer to other Barnsley schools and settings.*

*This standard format is intended to support all schools and settings, particularly those receiving children from multiple early years settings.*

*Settings and schools must also ensure they are fully compliant with the General Data Protection Regulations 2018 when sharing information with setting, schools and other agencies. (www.ico.org.uk****)***

**EYFS Summary Transition Record**

**Purpose:** It is a statutory requirement that providers must maintain records and obtain and share information (with parents and carers, other professionals working with the child, the police, social services and Ofsted or the childminder agency with which they are registered, as appropriate) to ensure the safe and efficient management of the setting, and to help ensure the needs of all children are met. *Statutory Framework for the EYFS (2017) 3.68*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name** | | | **D.O.B** | | | | | |
| **Child’s Position in Family** | | | | | | | | |
| **Siblings in School/Nursery** | | | | | | | | |
| **Setting Details**  Name: Contact Number:  Contact Name: Job Title:  E-Mail address: | | | | | | | | |
| **Start Date** | | | **End Date** | | | | | |
| **Attendance pattern** (EEF/TYE 5 x sessions per week) include attendance at other FC Services (attach activity report if necessary) | | | | | | | **EYPP**  **Yes/No** | **TYE**  **(funded**  **2 yr old)**  **Yes/No** |
| **Previous settings/providers/childminder attended or attends** | | | | | | | | |
| **Any other agencies involved (**e.g. Speech & Language, Family Support, Social Worker, Paediatrician) | | | | | | | | |
| Agency | Name | Contact Details | | Current/Closed | | Length of involvement | | |
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| **Status** (attach plan where available) | | | | | | | | |
| EHA | Child in Need | | Child Protection | | Looked After Child | | | |
| Lead Practitioner:  Date, time and Location of next meeting: | | | | | | | | |

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| **Special Education Needs:** **Yes/No** (If Yes please include latest SEN Support Plan, EHC Plan) | | | | | | | | | | | | | | | | | | | |
| **Any additional information** | | | | | | | | | | | | | | | | **WellComm Intervention**  **Yes/No** | | | |
| **EYFS Attainment** | | | | | | | | | | | | | | | | | | | |
| **Personal, Social and Emotional** | | | | | **Physical** | | **Communication & Language** | | | **Literacy** | | **Mathematics** | | **Understanding the World** | | | | **Expressive Arts and Design** | |
| SCSA | | MFB | | MR | MH | HSC | LA | U | S | R | W | N | SSM | P&C | TW | | T | EUMM | BI |
| **Starting Assessment (date and age in months) : (D=Developing S=Secure H=High)**  **Is this the two year progress check information? Yes/No**   |  |  |  |  | | --- | --- | --- | --- | | Below typical | Just below typical | Typical | Above typical | | | | | | | | | | | | | | | | | | | | |
| **Personal, Social and Emotional** | | | | | **Physical** | | **Communication & Language** | | | **Literacy** | | **Mathematics** | | **Understanding the World** | | | | **Expressive Arts and Design** | |
| SCSA | MFB | | MR | | MH | HSC | LA | U | S | R | W | N | SSM | P&C | TW | | T | EUMM | BI |
| **Current Levels as of (date and age in months) : (D=Developing S=Secure H=High)**     |  |  |  |  | | --- | --- | --- | --- | | Below typical | Just below typical | Typical | Above typical | | | | | | | | | | | | | | | | | | | | |
| **Any additional comments** (include interests, strengths - Learning Journey to be sent by end of term ) | | | | | | | | | | | | | | | | | | | |
| **Any Concerns identified** - Behaviour, poor attendance, lateness, family circumstance, speech (where no referral has been made or referral has been rejected) | | | | | | | | | | | | | | | | | | | |
| **Medical Health Issues** | | | | | | | | | | | | | | | | | | | |
| **Is a Transition Plan required? Yes/No** If Yes this will be arranged between settings | | | | | | | | | | | | | | | | | | | |
| Completed by………………………………………………… Date …………………………………………………    Passed to…………………………………………………….. Date ……………………………………………….. | | | | | | | | | | | | | | | | | | | |

Example of a completed EYFS Summary Transition Record

* For illustration purposes only

**EYFS Summary Transition Record**

Purpose: It is a statutory requirement that providers must maintain records and obtain and share information (with parents and carers, other professionals working with the child, the police, social services and Ofsted or the childminder agency with which they are registered, as appropriate) to ensure the safe and efficient management of the setting, and to help ensure the needs of all children are met. Statutory Framework for the EYFS (2017)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name:** Sam Independent | | | **D.O.B:** 1st November 2013 | | | | | |
| **Child’s Position in Family:** Only Child | | | | | | | | |
| **Siblings in School/Nursery:** | | | | | | | | |
| **Setting Details:**  Name: Early Years Day Nursery Contact Number: 01234 567890  Contact Name: Mary Poppins Job Title: Early Years Practitioner  E-Mail address: enquiries@early yearsdaynursery | | | | | | | | |
| **Start Date:** January 2016 | | | **End Date:** December 2016 | | | | | |
| **Attendance pattern** (EEF/TYE 5 x sessions per week) include attendance at other FC Services (attach activity report if necessary)  TYE 5 x afternoon sessions per week. | | | | | | | **EYPP**  Yes**/No** | **TYE (funded 2 yr old**)  Yes/**No** |
| **Previous settings/providers/childminder attended or attends:**  N/A | | | | | | | | |
| **Any other agencies involved (**eg Speech & Language, Family Support, Social Worker, Paediatrician) | | | | | | | | |
| Agency | Name | Contact Details | | Current/Closed | | Length of involvement | | |
| Speech and Language Therapist | A. Sound | 01234 565656 | | Current | | 2 months | | |
| Family Support Worker | I. Help | 01234 567878 | | Current | | 4 months | | |
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| **Status** (attach plan where available) | | | | | | | | |
| **EHA** | Child in Need | | Child Protection | | Looked After Child | | | |
| Lead Practitioner: I. Help  Date, time and Location of next meeting: ABC Family Centre, Monday 9th February @ 2pm | | | | | | | | |

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| **Special Education Needs** No | | | | | | | | | | | | | | | | | | | |
| **Any additional information:** | | | | | | | | | | | | | | | | **WellComm Intervention**  **Yes/**No | | | |
| **EYFS Attainment** | | | | | | | | | | | | | | | | | | | |
| **Personal, Social and Emotional** | | | | | **Physical** | | **Communication & Language** | | | **Literacy** | | **Mathematics** | | **Understanding the World** | | | | **Expressive Arts and Design** | |
| SCSA  16-26 D | | MFB  16-26D | | MR  16-26D | MH  16-26 D | HSC  16-26 D | LA  16-26 S | U  16-26 S | S  16-26 S | R | W | N | SSM | P&C | TW | | T | EUMM | BI |
| **Starting Assessment (date and age in months) : 26 Months (D=Developing S=Secure H=High)**   |  |  |  |  | | --- | --- | --- | --- | | Below typical | Just below typical | Typical | Above typical | | | | | | | | | | | | | | | | | | | | |
| **Personal, Social and Emotional** | | | | | **Physical** | | **Communication & Language** | | | **Literacy** | | **Mathematics** | | **Understanding the World** | | | | **Expressive Arts and Design** | |
| SCSA  30-50 D | MFB  22-36 S | | MR  22-36S | | MH  30-50 D | HSC  30-50 D | LA  22-36S | U  22-36S | S  22-36S | R  22-36H | W  22-36H | N  22-36S | SSM  22-36S | P&C  22-36H | TW  22-36  H | | T  22-36 H | EUMM  22-36 H | BI  22-36H |
| **Current Levels as of (date and age in months) : 38 Months (D=Developing S=Secure H=High)**     |  |  |  |  | | --- | --- | --- | --- | | Below typical | Just below typical | Typical | Above typical | | | | | | | | | | | | | | | | | | | | |
| **Any additional comments** (include interests, strengths Learning Journey to be sent by end of term )  Sam enjoys being outside. He can balance and climb well, pedal and manoeuvre our small trikes. He is interested in dinosaurs and also enjoys tactile and messy experiences. | | | | | | | | | | | | | | | | | | | |
| **Any Concerns identified** - Behaviour, poor attendance, lateness, family circumstance, speech (where no referral has been made or referral has been rejected)  Sam lives with his mum and Grandma, Family Support Worker has given advice on behaviour strategies and implementing Sam’s Speech Therapy Programme. | | | | | | | | | | | | | | | | | | | |
| **Medical Health Issues**  N/A | | | | | | | | | | | | | | | | | | | |
| **Is a Transition Plan required** **?** YES **NO** If Yes this will be arranged between settings | | | | | | | | | | | | | | | | | | | |
| Completed by………………………………………………… Date …………………………………………………    Passed to…………………………………………………….. Date ……………………………………………….. | | | | | | | | | | | | | | | | | | | |